166

Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 1
Township Chelmsford. or Village or
City No. , Bartlett St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1918
33
178 7

2 FULL NAME Pauline H. Kidder.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Bartlett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 5. 1885.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Register of Deeds.
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell.
(State or country) Mass.

PARENTS
10 NAME OF FATHER Charles F. Kidder.
11 BIRTHPLACE OF FATHER (city or town) Lowell,
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Clara E. Hill.
13 BIRTHPLACE OF MOTHER (city or town) Lowell.
(State or country) Mass.

14 Informant Mrs. Clara E. Kidder.
(Address) Chelmsford, Mass.

15 Filed Jan. 4, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1919.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1918, to Jan. 2, 1919.
that I last saw her alive on Jan 2, 1919.
and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Influenza — Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Arthur T. Scobona, M.D.
1-2, 1919 (Address) Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL. Lowell Cemetery. DATE OF BURIAL Jan. 4. 1919.

20 UNDERTAKER Geo. M. Healey. ADDRESS 79 Branch St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

167

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lawrence (City or town)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — Registered No. ____ (Place of death)

County Essex State ____ Registered No. 2 (Place of residence)

City or Town Lawrence No. Lawrence State Hospital St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annette Goodwin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Chelmsford No. ____ St.

(Usual place of abode)

Length of residence in city or town where death occurred years 4 months 3 days How long in U. S., if of foreign birth? years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Goodwin

6 DATE OF BIRTH (month, day and year) June 5, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	7	1	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Sharon (State or country) Vermont

PARENTS

10 NAME OF FATHER Joseph Sargent

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elsie Roberts

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Unknown

14 Informant Curtis Poch (Address) Hathorne, Mass.

15 Filed Jan. 9, 1919 Julius Blake — Registrar of city or town where death occurred

Filed Jan. 29, 1919 Edward J. Robbins — Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1919

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1918 to Jan. 5, 1919, that I last saw h. alive on Jan. 5, 1919, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Broncho-pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) W. A. Bryan, M.D.

1/7, 1919 (Address) Hathorne, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL White River Junction, Vt. — DATE OF BURIAL Jan. 9 1919

20 UNDERTAKER Young & Blake — ADDRESS Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *scpticemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 306. 6-'18. 50,000.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford
(City or town)

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 3
Township ..... or Village North Chelmsford or
City ..... No. ....., Highland Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen McDonald
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence io city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreigo birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick W.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particolar kiod of work At home
(b) General nature of industry, bosiness, or establishment io which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Scotland

PARENTS

10 NAME OF FATHER Alexander McBane
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Scotland
12 MAIDEN NAME OF MOTHER Isabella McBane
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Scotland

14 Informant Ellen McDonald
(Address) Highland Ave N. Chelmsford

15 Filed Jan 8, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1919

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1919, to Jan 6, 1919,
that I last saw her alive on Jan 6, 1919,
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (SECONDARY) Broncho-Pneumonia
..... (duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Chas McDonough M.D.
1/7, 1919 (Address) 29 Bridge St Lowell

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Patrick's Lowell Mass — DATE OF BURIAL Jan 8. 1919

20 UNDERTAKER Edw F Lovejoy — ADDRESS Lowell Mass

...S STANDARD CERTIFICATE OF DEATH

...pproved by ... ...ss and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

169

Chelmsford.
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex. State Mass. Registered No. 4
Township ..... or Village Chelmsford Center. or
City ..... No. ....., North Road. St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lizzie F. Hibbert
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. North Road Chelmsford Center Ward. .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles S. Hibbert

6 DATE OF BIRTH (month, day, and year) Oct 3. 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ... brs. or ..... min.
	62	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country) Mass.

PARENTS

10 NAME OF FATHER Abel E. Conant
11 BIRTHPLACE OF FATHER (city or town) Hardwick.
(State or country) Vermont
12 MAIDEN NAME OF MOTHER Frances Sloan
13 BIRTHPLACE OF MOTHER (city or town) Baldwinville
(State or country) Mass.

14 Informant Edwin Whitcomb
(Address) North Road Chelmsford Center.

15 Filed Jan. 13, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan., 12. 1919.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1918, to Jan. 12th, 1919.
that I last saw her alive on Jan. 12th, 1919.
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Liver
.....
.....
.....
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of X
Was there an autopsy? no.
What test confirmed diagnosis? .....
(Signed) Amasa Howe M.D.
1/13, 1919 (Address) Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Edson Cemetery
DATE OF BURIAL Jan, 14. 1919.

20 UNDERTAKER George W. Healey.
ADDRESS 79 Branch St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

170

Lowell
(City or town)

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH — Registered No. 178 (Place of death)

County Middlesex State Mass — Registered No. 5 (Place of residence)

City or Town Lowell No. Lowell Gen Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Duckworth
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town N. Chelmsford No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days — How long in U. S., if of foreign birth? years months days

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6 1919

7 AGE — Years — Months — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country)

PARENTS

10 NAME OF FATHER George J Duckworth

11 BIRTHPLACE OF FATHER (city or town) New Bedford
(State or country) Mass

12 MAIDEN NAME OF MOTHER Lucian M. Armitage

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Father
(Address) N. Chelmsford

15 Filed Jan 24, 19 19 — Registrar of city or town where death occurred
Filed Feb 1, 19 19 Edward J. Robbins
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1919

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 19, to Jan 23, 19 19, that I last saw h[im] alive on Jan 23, 19 19, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Asthenia (Premature)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H L Gage, M.D.

1/24, 19 19 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: N. Chelmsford — DATE OF BURIAL: Jan 24 19 19

20 UNDERTAKER: J A Kennedy — ADDRESS: Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

Form R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws relative to the return of certificates of death.

8-18. 13,000.

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The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 6
City or Town Chelmsford Mass No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Unknown.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH: Unknown (Month) (Day) (Year)

7 AGE Years Months Days
If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here: Unknown

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City): Unknown
(State or country)

PARENTS

10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (City): Unknown
(State or country)
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (City): Unknown
(State or country)

14 Informant: F S Bulkeley
(Address) Lynn Mass.

15 Filed Jan. 30 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 28 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Asphyxia - Ute
Nature of the death
Unknown.

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? —

(Signed) Frank S Bulkeley, M.D.
(Address) Lynn Mass
Medical Examiner for 16 Dist Middlesex SS
Date Jan. (Month) 29 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: In tomb in Forefathers Cem Chelmsford Mass
DATE OF BURIAL: Jan. 30, 1919 (Month) (Day) (Year)

20 UNDERTAKER: J. R. Parkhurst
ADDRESS: Chelmsford

21 Burial permit issued by Edward J. Robbins Official position Town Clerk
22 Date of issue Jan 30, 1919

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) should also be stated.

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lowell (City or town)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — Registered No. 227 (Place of death)

County Middlesex State Mass — Registered No. 7 (Place of residence)

City or Town Lowell No. Lowell Gen. Hospital St., 7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Ann Barton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town No. Chelmsford No. St.

(Usual place of abode)

Length of residence io city or towo where death occorred years months days — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6 DATE OF BIRTH (month, day, and year): March 6, 1869

7 AGE — Years: 49 Months: 10 Days: 24 — If LESS than 1 day, ...brs. or ....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, professioo, or particular kind of work: At Home

(b) Geoeral oature of industry, business, or establishment io which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Cassella —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Husband

(Address): No. Chelmsford, Mass

15 Filed Feb 4, 19 19 — Registrar of city or town where death occorred

Filed Feb. 7, 19 19 Edward X Robbins — Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 19 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 19 19, to Jan 30, 19 19, that I last saw h. alive on Jan 30, 19 19, and that death occurred, on the date stated above, at 9.50 p. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Surgical Shock

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Fecal fistula - central

Eczema (duration) 1 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 29

Was there an autopsy? no

What test confirmed diagnosis?

(Sigoed) F L. Gage, M.D.

1/31, 19 19 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lowell Cemetery — DATE OF BURIAL: Feb 3 19 19

20 UNDERTAKER: Wm H. Saunders — ADDRESS: 217 Appleton St

REVISED UNITED [illegible]

[Approved by U. [illegible]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations [illegible] of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical [illegible] the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lowell (City or town)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — Registered No. 177 (Place of death)

County Middlesex State Mass. Registered No. 8 (Place of residence)

City or Town Lowell No. 98 Tyler St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Honore Roy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Chelmsford No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emilie Deschenes

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 79 — Months: — — Days: — If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Woodchopper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) St Jean de Matha (State or country) Canada

PARENTS

10 NAME OF FATHER Jean B.

11 BIRTHPLACE OF FATHER (city or town) St Thomas (State or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Honore Roy, Jr. (Address) 98 Tyler St.

15 Filed Jan. 22 19 19 [illegible] Registrar of city or town where death occurred

Filed Feb. 11, 19 19 Edward J. Robbins Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1919

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Jan 19, 1919, that I last saw ~~him~~ alive on Jan 19, 1919, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Chronic Valv. Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. E. Caisse, M.D.

1-20 19 19 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Joseph Cemetery — DATE OF BURIAL: Jan. 21 19 19

20 UNDERTAKER: J. Albert — ADDRESS: Lowell

REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public H...

Statement of occupation. — Pre... tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

sions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

175

Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 10
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry H Fletcher
(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 28 1918

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9 BIRTHPLACE (city or town) Chelmsford
(State or country)

PARENTS
10 NAME OF FATHER Walter S Fletcher
11 BIRTHPLACE OF FATHER (city or town) Medfield
(State or country) Mass
12 MAIDEN NAME OF MOTHER Esther Allen
13 BIRTHPLACE OF MOTHER (city or town) Lowell
(State or country)

14 Informant W. S. Fletcher
(Address) Chelmsford

15 Filed Feb. 5, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1919.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1919, to Feb 3, 1919.
that I last saw h alive on , 19 .
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Influenza & Pneumonia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Arthur G. Sepboria, M.D.
2-3, 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Edson Cem Lowell	Feb 5 1919
20 UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...ccupa...

various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Con... ...ions on statement of caus... ...mittee on Nomenclature of ...ociation.)

Cases for the Me... ...the provi... ...of chapter ... ...under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH County Middx. State Mass Registered No. 11

Township Chelmsford or Village or

City No., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abbie Ellen Walker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Melvin Walker

6 DATE OF BIRTH (month, day, and year) Oct 13 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Vernon (State or country) N.H.

PARENTS

10 NAME OF FATHER Andrew J Raymond

11 BIRTHPLACE OF FATHER (city or town) Mt Vernon (State or country) N.H.

12 MAIDEN NAME OF MOTHER Abbie Stevens

13 BIRTHPLACE OF MOTHER (city or town) Bow (State or country) N.H.

14 Informant Melvin Walker

(Address) Chelmsford

15 Filed Feb. 6, 1919 Edmund J. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th, 1919

17 I HEREBY CERTIFY, That I attended deceased from January, 1918, to Feb 4th, 1919

that I last saw her alive on Feb. 3rd, 1919

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis

Several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Physical symptoms.

(Signed) Amasa Howard, M.D.

2/4, 1919 (Address) Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Pine Ridge Cem. DATE OF BURIAL: Feb 6 1919

20 UNDERTAKER: Walter Perham ADDRESS: Chelmsford

Statement of occ...
tion is very important, so that the relative ... various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

...ntributory." (Recommendations ... death approved by Committee ...clature of the American Medical Association.)

...or the Medical Examiners. — Under the provi... chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

Form R-302

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 12
City or Town Lowell E Chelmsford No. 0 Russell Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Traversy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Russell Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 11 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH March 11 (Month) (Day) 1918 (Year)

7 AGE Years 10 Months 28 Days
If STILLBORN, enter that fact here
If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Lowell
(State or country) Mass.

PARENTS

10 NAME OF FATHER Thomas Traversy
11 BIRTHPLACE OF FATHER (City) Lowell Mass
(State or country)
12 MAIDEN NAME OF MOTHER Anna L Paul
13 BIRTHPLACE OF MOTHER (City) Lowell
(State or country) Mass

14 Informant F. D. Bulkeley
(Address) Ayer Mass.

15 Filed Feb. 8 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 8 (Month) (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause - Pneumonia
hypostatic Hypostasis.

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) Frank D Bulkeley, M.D.
(Address) Ayer Mass
Medical Examiner for 10th Dist. Middlesex
Date Feb. 8. 1919 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick's
DATE OF BURIAL Feb. 8 '19 (Month) (Day) (Year)

20 UNDERTAKER J. L. McDonough
ADDRESS 176 Gorham

21 Burial permit issued by Edward J. Robbins Official position Town Clerk
22 Date of issue Feb. 8, 1919

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws relative to the return of certificates of death.

8-'18. 13,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) should also be stated.

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Danvers (City or town)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH (Place of death) Registered No.

County Essex State Mass. Registered No. 13 (Place of residence)

City or Town Danvers No. Danvers State Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Donohue

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Chelmsford No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 13 years 11 months 26 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Donohue

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE 50 Years Months Days — If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Eagan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margarit Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Gustis Roch

(Address): Hathorne Mass.

15 Filed Feb. 14, 1919 Julius Peale
Registrar of city or town where death occurred

Filed Feb. 22, 1919 Edward J. Kelley
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 11 1919

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to Feb. 10, 1919, that I last saw h.. alive on 10 Feb. 10, 1919, and that death occurred, on the date stated above, at 12-20 m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A Bryan, M.D.

2/12. 1919 (Address) Hathorne Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Patrick's, Lowell — DATE OF BURIAL: Feb. 14 1919

20 UNDERTAKER: O'Connell & Fay — ADDRESS: Lowell

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

179

Chelmsford (City or town)

1 PLACE OF DEATH
County Mdsx State Mass Registered No. 14
Township Chelmsford or Village or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Livermore Bateman Tyler
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years mooths days. How long in U. S., if of foreign birth? years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George S. Tyler

6 DATE OF BIRTH (month, day, and year) Feb 5 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9 BIRTHPLACE (city or town) Merrimack
(State or country) N.H.

PARENTS

10 NAME OF FATHER Wm Hay
11 BIRTHPLACE OF FATHER (city or town) Boston
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Emily A Hammond
13 BIRTHPLACE OF MOTHER (city or town) Newton
(State or country) Mass

14 Informant Miss Emily Tyler (daughter)
(Address) Chelmsford

15 Filed Feb 15, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1919.

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1919, to Jan. 30, 1919
that I last saw her alive on Jan. 30, 1919
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Epidemic Influenza
Asthenia - Senility
(duration) yrs. 1 mo. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Antun J. Seabora, M.D.
2-14, 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lowell Cem. DATE OF BURIAL Feb 15 1919

20 UNDERTAKER Walter Perham ADDRESS Chelmsford

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations as to statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

The Medical Examiners. — Under the provisions of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

180

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH: Chelmsford (No. ..... Gorham St. ; ..... Ward) ..... (City or Town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: George Suttle

[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE: East Chelmsford Mass. Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Widowed

6 DATE OF BIRTH: Aug (Month) ..... (Day) 1834 (Year)

7 AGE: 84 yrs. 7 mos. 13 ds. If LESS than 1 day ..... hrs. or ..... min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Thomas Suttle

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Rebecca Howe

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Suttle

(Address) East Chelmsford Mass

15 Filed Feb. 18, 1919 Edward L. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 16 (Day) 1919 (Year)

17 I HEREBY CERTIFY that I attended deceased ~~from~~ [redacted], 191[redacted], ~~to~~ Feb 15, 1919, that I last saw him alive on Feb 15, 1919, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Bronchio pneumonia

(Duration) 1 yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Arteriosclerosis (Duration) Indefinite

(Signed) Wallace M. Davis M.D.

Feb 17, 1919 (Address) Lowell

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Edson Cemetery — DATE OF BURIAL: Feb 19, 1919

20 UNDERTAKER: Joseph Keir — ADDRESS: 96 Branch st

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

No Chelmsford (City or town)

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 16
Township Chelmsford or Village or
City No. Dunstable Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta Hanson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of O. S.

6 DATE OF BIRTH (month, day, and year) Mar 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Sweden

PARENTS

10 NAME OF FATHER O. S. Anderson
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Sweden
12 MAIDEN NAME OF MOTHER Mary Johnson
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Sweden

14 Informant Mrs Ellen Hanson
(Address) No Chelmsford Mass

15 Filed Feb. 21, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1919

17 I HEREBY CERTIFY, That I attended deceased from
Feb. 7, 1919, to Feb. 18, 1919.
that I last saw h.. alive on Feb. 18, 1919.
and that death occurred, on the date stated above, at 1.00 P. m.
The CAUSE OF DEATH* was as follows:

Nephritis.
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical.
(Signed) R. W. Parker, M.D.
Feb 18 1919 (Address) Lowell Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pinewood Side Cemetery — DATE OF BURIAL Feb. 22 1919

20 UNDERTAKER William H. Dawdo. — ADDRESS Lowell Mass

REVISED [illegible]

...ıcndations
...y Committee
...ical Association.)

Statement of occupation. — Precise statement of ... — Under the provi-
tion is very important, so that the relative healthfulness of ... laws deaths under the
various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 17
City or Town Chelmsford. No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Regina L Quist
(If in the Army or Navy of the United States, give rank, orgauization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 years months days. How long in U. S., if of foreign birth? 42 years 6 months 23 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrea Quist

6 DATE OF BIRTH Aug 26 1841
(Month) (Day) (Year)

7 AGE 77 Years 6 Months 23 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City)
(State or country) Sweden.

PARENTS

10 NAME OF FATHER John Patterson
11 BIRTHPLACE OF FATHER (City)
(State or country) Sweden.
12 MAIDEN NAME OF MOTHER Johnson.
13 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden.

14
Informant Mrs. Andrea Quist
(Address) W Chelmsford Mass.

15
Filed Feb. 20 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 18 1919
(Month) (Day) (Year)

17
I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1919, to Feb. 18, 1919
that I last saw h.. alive on Feb. 18, 1919
and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH was as follows:
Chronic myocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? None

(Signed) W. H. Sherman, M.D.
(Address) No. Chelmsford
Date Feb 18 1919 Mass
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
W. Chelmsford Mass.
(Cemetery) (City or town)

DATE OF BURIAL
Feb 21 1919

20 UNDERTAKER
David L Greig & Son.

ADDRESS
Westford Mass

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Feb. 20 1919
1265 - 1472

REVISED UNITED STATES STANDARD [illegible]TH

[Approved by U. S. Census and American P[illegible]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACH[illegible]

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 18
Township ..... or Village W. Cambridge or
City ..... No. ....., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen B. Wotton.

(a) Residence. No. ..... St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James S. Wotton

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Kirkinbrooke
(State or country) Scotland

PARENTS
10 NAME OF FATHER John McCoy.
11 BIRTHPLACE OF FATHER (city or town) Kirkinbrooke
(State or country) Scotland
12 MAIDEN NAME OF MOTHER Martha Black.
13 BIRTHPLACE OF MOTHER (city or town) Kirkinbrooke
(State or country) Scotland

14 Informant .....
(Address) .....

15 Filed Mar. 5, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3rd 1919

17 I HEREBY CERTIFY, That I attended deceased from Feby 22, 1919, to Mch 3, 1919.
that I last saw h[illegible] alive on Mch 3, 1919.
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Enteritis - colitis

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Fred Varney, M.D.
Mch 4 1919 (Address) North Chelmsford Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Westlawn Cemetery
DATE OF BURIAL: Mar. 6 1919

20 UNDERTAKER: Horace C. Brown
ADDRESS: 14 Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED

Statement of occupation.
tion is very important, so that
various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
City or Town Chelmsford No. Acton St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Alice Yates
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Acton St. Chelmsford City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew R. Yates

6 DATE OF BIRTH: Nov 14, 1874
(Month) (Day) (Year)

7 AGE 44 Years 3 Months 22 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (City) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick McMenn
11 BIRTHPLACE OF FATHER (City) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Catherine Rogers
13 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

14 Informant: Andrew R. Yates Husband
(Address) Acton St. Chelmsford Mass

15 Filed Mar. 10, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 6, 1919.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1919, to March 6, 1919.
that I last saw her alive on Feb. 22, 1919.
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH was as follows:
Pulmonary Tuberculosis
Several years
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Arthur G. Scaboria, M.D.
(Address) Chelmsford, Mass.
Date March 7, 1919.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters Cemetery Lowell
(Cemetery) (City or town)
DATE OF BURIAL: March 10 1919

20 UNDERTAKER: James F. Donnelly & Son
ADDRESS: 324 Market St

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit: Mar. 10, 1919

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 20

Township Chelmsford or Village or

City No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME S Lavina Toller

(a) Residence. No. 2 Wright St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years mooths days. How long io U. S., if of foreign birth? years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femail

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry F Toller

6 DATE OF BIRTH (month, day, and year): Sept 17 1846

7 AGE — Years: 72 — Months: 5 — Days: 18 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dunstable Mass

PARENTS

10 NAME OF FATHER: Moses Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dunstable Mass

12 MAIDEN NAME OF MOTHER: Susan Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dunstable Mass

14 Informant: James H Toller

(Address): Nashua N H

15 Filed Mar 7, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 7 1919

17 I HEREBY CERTIFY, That I attended deceased from Mch 2, 1919, to Mch 7, 1919.

that I last saw her alive on Mch 7, 1919.

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Sigoed) Fred E Varney, M.D.

Mch 7, 1919 (Address) N. Chelmsford Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Dunstable Mass — DATE OF BURIAL: Mar 9 1919

20 UNDERTAKER: Enter P Lund — ADDRESS: Nashua N H

REVISED UNITED ST

[Approved

Statement

tion is very impor

various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

181

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 21
City or Town Chelmsford Center No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born Rondeau
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford Center St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH March 8 1919
(Month) (Day) (Year)

7 AGE — Years — Months — Days —
If LESS than 1 day, hrs.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Chelmsford Center
(State or country)

PARENTS

10 NAME OF FATHER George Rondeau
11 BIRTHPLACE OF FATHER (City) Canada
(State or country) ~~Canada~~
12 MAIDEN NAME OF MOTHER Alma Grenier
13 BIRTHPLACE OF MOTHER (City) Lowell Mass
(State or country)

14
Informant Father
(Address) Chelmsford Center

15
Filed Mar. 10, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
, 19, to March 8, 19 19
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Still Born

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F V Rochetto, M.D.
(Address) 732 Merrimack
Date March 8, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL March 10 19 19

20 UNDERTAKER A Archambault
ADDRESS 738 Merrimack

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Mar. 10, 1919

REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

18.7

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lowell (City or town)

1 PLACE OF DEATH — Registered No. 470 (Place of death)

County Middlesex State Mass. — Registered No. 22 (Place of residence)

City or Town Lowell No. 144 Wilder St. 7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thurlow W. Lowe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town E. Chelmsford No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17, 1913.

7 AGE — Years 5 — Months 7 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lowell (State or country) Mass.

PARENTS

10 NAME OF FATHER John F. N.

11 BIRTHPLACE OF FATHER (city or town) Lowell (State or country) Mass.

12 MAIDEN NAME OF MOTHER Lillian K. Wallace

13 BIRTHPLACE OF MOTHER (city or town) Lowell (State or country) Mass.

14 Informant Father (Address) E. Chelmsford Mass

15 Filed Mar. 17, 1919 Arthur L. Flynn Registrar of city or town where death occurred

Filed Apr. 8, 1919 Edward J. Robbins Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1919.

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Congenital Heart Disease

(duration) Life yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Arthur L. Loduria, M.D.

3-15 1919 (Address) Chelmsford Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — Edson Cemetery — DATE OF BURIAL Mar. 16 1919.

20 UNDERTAKER W. H. Saunders — ADDRESS Lowell.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

sions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

Form R-305

188

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 539 (Place of death) Registered No. 23 (Place of residence)
City or Town Lowell No. St. Johnsbury St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Bishop (Lovejoy)
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Princeton St., Ward. no. Chelmsford Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH: Jan. 21, (Month) (Day) 1902 (Year)

7 AGE: Years 17 Months 2 Days 6
If STILLBORN, enter that fact here
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Secondhand.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Lincoln Mills

9 BIRTHPLACE (City) Milford N. H.
(State or country)

PARENTS

10 NAME OF FATHER: Horace Lovejoy
11 BIRTHPLACE OF FATHER (City)
(State or country): Canada
12 MAIDEN NAME OF MOTHER: Albertine Beaudette
13 BIRTHPLACE OF MOTHER (City): Canada
(State or country)

14 Informant: Mother
(Address): N. Chelmsford, Mass

15 Filed Mar. 29 1919 [illegible]
Registrar of city or town where death occurred
Filed Apr. 8, 1919 Edward J. Robbins
(Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 27, 1919
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Laceration both thighs. Compound fracture both femora. Traumatic amputation left leg. Run over by railroad train. Accident

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? no. Chelmsford

(Signed) Thos. B. Smith, M.D.
(Address) Lowell Mass
Medical Examiner for 5th Dist., Middlesex Co.
Date 3-28, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Chelmsford, Mass. St. Joseph Cem.
DATE OF BURIAL: Mar. 29 1919 (Month) (Day) (Year)
20 UNDERTAKER: A. Archambault
ADDRESS: Lowell

21 Burial permit issued by
Official position

22 Date of issue

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

9-'18. 10,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. —*Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. —*Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

189

Clelmsford. Mass
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 24
Township Chelmsford or Village Centre or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie Joanna Vickery
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Westford Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter E. Vickery

6 DATE OF BIRTH (month, day, and year) May 15-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Hennicker
(State or country) N. H.

PARENTS

10 NAME OF FATHER Albert C Clark
11 BIRTHPLACE OF FATHER (city or town) Hennicker
(State or country) N. H.
12 MAIDEN NAME OF MOTHER Hattie J. Clark
13 BIRTHPLACE OF MOTHER (city or town) Hennicker
(State or country) N. H.

14 Informant Walter E. Vickery
(Address) Chelmsford

15 Filed Apr. 9, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7, 1919.

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1919, to Apr. 7, 1919,
that I last saw her alive on Apr. 5 1919
and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis

(duration) 5 weeks.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) Several years

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Antonio G. Scoboria, M.D.
4-9, 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Ridge-Chelmsford — DATE OF BURIAL Apr. 9 1919

20 UNDERTAKER Walter Perham — ADDRESS Chelmsford.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford. Mass
(City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 24
Township Chelmsford or Village Centre or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie Joanna Vickery
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Westford Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E. Vickery

6 DATE OF BIRTH (month, day, and year) May 15-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Hennicker
(State or country) N. H.

PARENTS

10 NAME OF FATHER Albert C Clark
11 BIRTHPLACE OF FATHER (city or town) Hennicker
(State or country) N. H.
12 MAIDEN NAME OF MOTHER Hattie J. Clark
13 BIRTHPLACE OF MOTHER (city or town) Hennicker
(State or country) N. H.

14 Informant Walter E. Vickery
(Address) Chelmsford

15 Filed Apr. 9, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7, 1919.

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1919, to Apr. 7, 1919,
that I last saw her alive on Apr. 5 1919.
and that death occurred, on the date stated above, at 3:30 P m.
The CAUSE OF DEATH* was as follows:
Acute Bronchitis

(duration) yrs. 5 weeks mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) several years yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Anton G. Scoboria, M.D.
4-9, 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pine Ridge - Chelmsford	Apr. 9 1919
20 UNDERTAKER	ADDRESS
Walter Perham	Chelmsford.

REVISED UNITED STATES STANDAR[illegible]

[Approved by U. S. Census and [illegible]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

[illegible] head [illegible]
on statement of ca[illegible] death appro[illegible] by [illegible]
on Nomenclature of the American Medical As[illegible]

Cases for the Medical Examiners. — Under [illegible]
sions of chapter 24 of the Revised Laws death
following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 25
Township Chelmsford or Village Centre or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Matilda Foster
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Bridge St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 - 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Wentworth N. H.
(State or country)

PARENTS

10 NAME OF FATHER Jesse Foster
11 BIRTHPLACE OF FATHER (city or town) Rumney
(State or country) N. H.
12 MAIDEN NAME OF MOTHER Tamma Whitney
13 BIRTHPLACE OF MOTHER (city or town) Wolcott
(State or country) Vt.

14 Informant Mrs Barclay
(Address) Lowell Mass

15 Filed Apr. 9, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7, 1919.

17 I HEREBY CERTIFY, That I attended deceased from
Mar. 25, 1919, to Apr 7, 1919.
that I last saw h[illegible] alive on Apr. 7, 1919.
and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris -
Myocarditis
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY)
(duration) ....yrs. 1 mos. ....ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Arthur G. Scabora, M.D.
Apr. 9, 1919 (Address) Chelmsford, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Edson Cem. Lowell Apr 10 1919

20 UNDERTAKER — ADDRESS
Walter Perham Chelmsford Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF

[Approved by U. S. Bureau of Public Health]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

1918, 56, 1862

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Registered No. 26
~~City or~~ Town East Chelmsford No. , Gorham St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles N. Williamson.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Gorham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years ✓ months ✓ days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.
4 COLOR OR RACE: White.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice J. Williamson.

6 DATE OF BIRTH: Aug. (Month) 17, (Day) 1862. (Year)

7 AGE 56 Years 7 Months 26 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer.
(c) Name of employer: Himself.

9 BIRTHPLACE (City) Holden
(State or country) Me.

PARENTS

10 NAME OF FATHER: William Williamson.
11 BIRTHPLACE OF FATHER (City) (State or country): England.
12 MAIDEN NAME OF MOTHER: Annie Patterson.
13 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) N. B.

14 Informant: Mrs. Alice J. Williamson.
(Address) Chelmsford Mass.

15 Filed April 14, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit April 14, 1919

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 12. (Day) 1919. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1919 to April 1, 1919
that I last saw him alive on March 1. 1919,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH was as follows:
Tuberculosis (Pulmonary)
(duration) 3 yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank R. Brooks, M.D.
(Address) Sun Bldg. Lowell.
Date April (Month) 11 (Day) 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Westlawn Lowell Mass.
(Cemetery) (City or town)
DATE OF BURIAL April 15. 1919.

20 UNDERTAKER Geo. N. Healey,
ADDRESS Lowell, Mass.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

,92

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 27
Township Chelmsford or Village North or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1919.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Chelmsford
(State or country) Massachusetts

PARENTS

10 NAME OF FATHER Mr Thomas J. LeMasurier

11 BIRTHPLACE OF FATHER (city or town) Jersey Island
(State or country) England

12 MAIDEN NAME OF MOTHER Christine Machon

13 BIRTHPLACE OF MOTHER (city or town) Jersey Island
(State or country) England

14 Informant Thomas J. LeMasurier
(Address) North Chelmsford

15 Filed Apr. 15, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1919

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to April 14, 1919
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 11.15 P.M.
The CAUSE OF DEATH* was as follows:

Still born

.....(duration) .....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)
.....(duration) .....yrs.....mos.....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

4/15, 1919 (Signed) Fred E Varney, M.D.
(Address) North Chelmsford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Riverside Cemetery — DATE OF BURIAL: Apl 15 1919

20 UNDERTAKER: James F. Wotton Dist. Mgr. — ADDRESS: Fox Chelmsford

STANDARD CERTIFICATE OF DEATH

[...us and American ... Association]

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

of "Contributory." (Recom... of cause of death approv... ...the Arm...

sions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

193

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Registered No. 28

1 PLACE OF DEATH
County Middlesex State Mass
City or Town Chelmsford No. , Middlesex St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. McManomins
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Middlesex Just Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) 1857 (Year)

7 AGE 62 Years Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Post Master
(b) General nature of industry, business, or establishment in which employed (or employer): Mail Service
(c) Name of employer: United States Government

9 BIRTHPLACE (City) Chelmsford
(State or country) Mass

PARENTS

10 NAME OF FATHER: Patrick McManomin
11 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER: Mary McManus
13 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

14 Informant: Margaret E. McManomin sister
(Address) Middlesex St North Chelmsford

15 Filed Apr. 16 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 15 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1919, to April 15, 1919
that I last saw him alive on April 14, 1919,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) 14 yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James Hobson, M.D.

(Address) Res. Chelmsford

Date April 15 (Month) (Day) 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St Patricks Lowell
(Cemetery) (City or town)

DATE OF BURIAL April 17 1919

20 UNDERTAKER James F. Donnellan Lowell

ADDRESS Lowell

22 Date of issue of burial or transit permit Apr. 16, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will he sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locamotive engineer*, *Civil engineer*, *Statianary fireman*, etc. But in many cases, especially in industrial employments, it is neccssary to know (*a*) the kind of work and also (*b*) the nature of the husincss or industry, and therefore an additional line is provided for the latter statement; it should he used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Gracery;* (*a*) *Foreman*, (*b*) *Autamobile factory*. The material worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day labarer*, *Farm laborer*, *Labarer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hausekeepers* who receive a definite salary), may be entered as *Housewife*, *Hausework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should he taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Caak*, *Housemaid*, etc. If the occupation has heen changed or given up on account of the DISEASE CAUSING DEATH, state occupation at heginning of illness. If retired from business, that fact may he indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebraspinal fever* (the only definite synonym is "Epidemic cerchrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhaid fever* (never report "Typhoid pneumonia"); *Labar pneumonia; Branchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinama*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whaaping caugh; Chronic valvular heart disease; Chranic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can he ascertained as the cause. Always qualify all diseases resulting from childhirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can he classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can he ohtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1919

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 29
City or Town No. Charlestown No. 2 Grotton Rd Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Olive Denault.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Groton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? 35 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francois O. Denault.

6 DATE OF BIRTH Feb. (Month) 7 (Day) 1835 (Year)

7 AGE 84 Years 2 Months 14 Days
If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
If STILLBORN, state period of utero-gestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Canada.
(State or country)

PARENTS

10 NAME OF FATHER Flavien Boucher
11 BIRTHPLACE OF FATHER (City) Canada
(State or country)
12 MAIDEN NAME OF MOTHER Agnese Brassard
13 BIRTHPLACE OF MOTHER (City) Canada
(State or country) Canada.

14 Informant Lretance Gaudette
(Address) Groton Rd. No. Charlestown

15 Filed Apr. 22, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 21 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 18, 19.., to April 21, 19.19
that I last saw h.. alive on April 21, 19.19,
and that death occurred, on the date stated above, at 5 a.m.
The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Ford E Warney, M.D.
(Address) Res. Charlestown
Date April (Month) 21 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Joseph Cem. Charlestown
(Cemetery) (City or town)

DATE OF BURIAL Apr. 23 1919.

20 UNDERTAKER A. Archambault

ADDRESS 738 Merrimack St Lowell.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Apr. 22 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Middlesex State Massachusetts Registered No. 34
Township Arlington or Village or
City No. , Woodbine St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F Mooney
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 56 years mooths days. How long in U. S., if of foreign birth? 59 years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): Dec 26th 1841

7 AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 6 Years
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS
10 NAME OF FATHER: John
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Ann Gill
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos Mooney
(Address): Arlington Mass

15 Filed Apr. 24, 19 19 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 22, 1919.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1919, to March 15, 1919.
that I last saw him alive on March 15, 1919.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 or 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Valvular Heart Disease
(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Arthur J. Scobovia, M.D.
4/22 1919 (Address) Chelmsford, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Pine Grove Cemetery Lowell Mass
DATE OF BURIAL: Apr. 24, 1919

20 UNDERTAKER: E. L. Savage
ADDRESS: Lowell Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement . . . . . of "Contributory" . . . mmendations
. . . . . ause of death ap . . . . . Committee
. . . . . American M . . . . . .
. . . . . **Examiners.** — . . . . . Revised Laws . . . . . following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman;* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

R 15. 1-'18. 100,000.

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 31
City or Town Chelmsford No. Princeton Boulevard to Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME J. Henry Colburn
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Littleton Mass. St., Ward. Littleton, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred going years through months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Daisy

6 DATE OF BIRTH ~~Oct~~ 2/ (Month) (Day) 1878 (Year)

7 AGE 40 Years 6 Months 20 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... months
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fletcher & Rudman

9 BIRTHPLACE (City) Westford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Johnathan Colburn
11 BIRTHPLACE OF FATHER (City) Hollis
(State or country) New Hampshire
12 MAIDEN NAME OF MOTHER Mary E. Day
13 BIRTHPLACE OF MOTHER (City) Westford
(State or country) Mass.

14 Informant Mrs Daisy Colburn
(Address) Littleton Mass

15 Filed Apr. 25 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 Burial permit issued by Edward J. Robbins Official position Town Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of Base of Skull, accidentally Struck by Automobile.

Struck by automobile on Main St. Westford, Mass. - Died in Chelmsford on way to Hospital.

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death? Westford, Mass

(Signed) J. Towne Ford, M.D.

(Address) 107 Merrimack St. Lowell

Medical Examiner for 5th Dist. Middlesex Co.

Date April 22, 1919.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL
Nasmus (Cemetery) Westford (City or town)

DATE OF BURIAL
Apl. 25, 19.
(Month) (Day) (Year)

20 UNDERTAKER David L. Craig & Son

ADDRESS Westford, Mass

22 Date of issue Apr. 25 1919 Permit No. —

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 32
City or Town Chelsea No. Chelsea Jail St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Felix V. Sheehan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelsea Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 years mooths days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Sheehan

6 DATE OF BIRTH (Month) (Day) 1872 (Year)

7 AGE 47 Years Months Days
If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9 BIRTHPLACE (City) (State or country) Lowell Mass

PARENTS

10 NAME OF FATHER Daniel Donahue
11 BIRTHPLACE OF FATHER (City) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Cole
13 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

14 Informant Mrs. Gilbert Fogarty Sister
(Address) Chelsea Jail Mass

15 Filed April 25 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 23rd (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept., 1918, to April 23, 1919, that I last saw her alive on April 23, 1919, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Atrophic Cyrrhosis of Liver.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Amasa Howard, M.D.
(Address) Chelmsford Mass.
Date April 24th 1919.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Patricks Cemetery Lowell
(Cemetery) (City or town)

DATE OF BURIAL Apr 25 1919

20 UNDERTAKER James F. Downey Jr.

ADDRESS 324 Maysett St

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Apr 25, 1919

...FICATE OF DEATH

...by U. S. Cen...

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu losis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHU...

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

1918

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 33
City or Town Chelmsford No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Bell MacNaughton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. West Chelmsford. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? 49 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew MacNaughton

6 DATE OF BIRTH March 24 1870
(Month) (Day) (Year)

7 AGE 49 Years / Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of nterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City)
(State or country) Scotland

PARENTS

10 NAME OF FATHER Hugh Bell

11 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Isabell Gardner

13 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

14 Informant Mathew MacNaughton
(Address) West Chelmsford Mass

15 Filed April 26 1919 Edward J Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 24 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from September, 1918, to April 24, 1919, that I last saw her alive on April 24, 1919, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH was as follows:

Cancer of the lung
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of the breast, several years
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Removal of breast Date of about one year ago

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E Varney, M.D.
(Address) North Chelmsford
Date April 28 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
West Chelmsford Mass
(Cemetery) (City or town)

DATE OF BURIAL April 27 1919

20 UNDERTAKER David L Griffin & son

ADDRESS Westford Mass

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J Robbins Official position Town Clerk

22 Date of issue of burial or transit permit April 26 1919

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

199

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 34
Township ~~Lowell~~ or Village or
City Lowell No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Hocking

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 15 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer James G Burtwell

9 BIRTHPLACE (city or town) Longtown
(State or country)

PARENTS

10 NAME OF FATHER Joseph Hocking
11 BIRTHPLACE OF FATHER (city or town)
(State or country) England
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant James G Burtwell
(Address) Chelmsford

15 Filed Apr. 30, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1919

17 I HEREBY CERTIFY, That I attended deceased from
Dec 27, 1918, to Dec 25, 1918.
that I last saw h a alive on Dec 28, 1918.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

/
Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Endocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John F Boyle, M.D.
4/29 1919 (Address) Middle & Jones

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Edson Cem Lowell — DATE OF BURIAL May 1 1919

20 UNDERTAKER [illegible] — ADDRESS [illegible] 42 Middlesex

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

...pation. — Precise ... of occupation, so that the relation... various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recomm... ns on statement of cause of death approved by C... ee on Nomenclature of the American Medical As... .)

Cases for the Medical Examiners. — Under th... sions of chapter 24 of the Revised Laws deaths u... following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

200

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 35
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lizzie Conant Derbyshire
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Steadman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick W. Derbyshire

6 DATE OF BIRTH (month, day, and year) Mar. 11, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particolar kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country) Mass.

PARENTS
10 NAME OF FATHER John H Conant
11 BIRTHPLACE OF FATHER (city or town) Not known
(State or country)
12 MAIDEN NAME OF MOTHER Mary Butcher
13 BIRTHPLACE OF MOTHER (city or town) Not known
(State or country)

14 Informant F. W. Derbyshire
(Address) Chelmsford Mass

15 Filed May 2, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1919.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1919, to May 1, 1919
that I last saw h[illegible] alive on Apr. 30, 1919
and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia.

1 Primary
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?

(Signed) Arthur G. Scobovia, M.D.
5-2 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES. state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lowell Cem. Lowell. DATE OF BURIAL: May 3 1919

20 UNDERTAKER: Walter Peskam ADDRESS: Chelmsford.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths from the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

Form R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws relative to the return of certificates of death.

8-'18. 13,000.

Chelmsford 291

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 36
City or Town Chelmsford No. Westford Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martin Taylor
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years 9 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Kate S.

6 DATE OF BIRTH Nov. (Month) 24 (Day) 1854 (Year)

7 AGE 64 Years 5 Months 24 Days If LESS than 1 day, ...hrs. or ....min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Groceries-Provisions
(c) Name of employer

9 BIRTHPLACE (City) Lexington
(State or country) Maine

PARENTS

10 NAME OF FATHER Albert Taylor
11 BIRTHPLACE OF FATHER (City) Not Known
(State or country) Maine
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (City) Not Known
(State or country) Maine

14 Informant Mrs. Martin A. Taylor
(Address) Chelmsford

15 Filed May 21 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Found Dead May (Month) 18 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Posterior Sclerosis of Spinal Cord and Morphinism (Found dead in bed)

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) Thomas B. Smith M.D.
(Address) 107 Merrimack St. Lowell
Medical Examiner for 5th. Dist. Middlesex Co.
Date May (Month) 19 (Day) 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lowell Cemetery Lowell

DATE OF BURIAL May 21, 1919 (Month) (Day) (Year)

20 UNDERTAKER John A. Heinbeck

ADDRESS Lowell Mass

21 Burial permit issued by Edward J. Robbins Official position Town Clerk

22 Date of issue May 21, 1919

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. —*Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) should also be stated.

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. —*Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 37
Township Chelmsford or Village or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E Bancroft
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jonathan Bancroft

6 DATE OF BIRTH (month, day, and year) July 3, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Tyngsboro
(State or country) Mass.

PARENTS
10 NAME OF FATHER Thomas Sherburn
11 BIRTHPLACE OF FATHER (city or town) Pelham
(State or country) Mass
12 MAIDEN NAME OF MOTHER Betsy Spalding
13 BIRTHPLACE OF MOTHER (city or town) Dunstable
(State or country) Mass

14 Informant Mrs. Mary Walker
(Address) No. Chelmsford

15 Filed May 20, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1919

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1919, to May 19, 1919,
that I last saw her alive on May 19, 1919,
and that death occurred, on the date stated above, at 7 9- m.

The CAUSE OF DEATH* was as follows:
Chronic Intestinal Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Fred E Varney, M.D.
May 20, 1919 (Address) No. Chelmsford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Walton Cemetery Haverhill Mass.
DATE OF BURIAL May 21, 1919

20 UNDERTAKER David L. Greig & Son
ADDRESS Westford Mass

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[...ved by U. S. Census and American Public Health Association]

Statement of occupation. — Precis... tion is very important, so that the re... various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommit... statement of cause of death approved by Committ... Nomenclature of the American Medical Association

...s for the Medical Examiners. — Under the pro... f chapter 24 of the Revised Laws deaths ... following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 38
Township Chelmsford or Village or
City No. Golden Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H. Flanders
(If in the Army or Navy or the United States, give rank, organization, etc.)
(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myra Flanders

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Alton
(State or country) N. H.

PARENTS
10 NAME OF FATHER Enoch Flanders
11 BIRTHPLACE OF FATHER (city or town) Alton
(State or country) N. H.
12 MAIDEN NAME OF MOTHER Dorothy Whitham
13 BIRTHPLACE OF MOTHER (city or town) Milton
(State or country) N. H.

14 Informant Mrs. Myra Flanders
(Address) Chelmsford Mass.

15 Filed May 21, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1919

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1919, to May 19, 1919,
that I last saw him alive on May 19, 1919,
and that death occurred, on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:
Ataxic Paraplegia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Signs
(Signed) Herbert M. Larabee, M.D.
(Address) Lowell Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Edson Cemetery Lowell Mass	May 23, 1919
20 UNDERTAKER	ADDRESS
John A. Weinbeck	Lowell Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — [illegible]ment of occupation is very important, so that the healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *scpticemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 39
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sims (Infant)
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Chelmsford Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Chelmsford
(State or country) Mass

PARENTS
10 NAME OF FATHER —
11 BIRTHPLACE OF FATHER (city or town) —
(State or country)
12 MAIDEN NAME OF MOTHER Mabel Sims
13 BIRTHPLACE OF MOTHER (city or town) Lowell
(State or country) Mass

14 Informant Mrs. John Sims
(Address) Chelmsford

15 Filed June 2, 19 19 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1919

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1919, to May 26, 1919
that I last saw her alive on May 26, 1919.
and that death occurred, on the date stated above, at 4-45 P. m.
The CAUSE OF DEATH* was as follows:
Traumatic Injury to Brain
following forceps delivery
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) James Y. Rodger, M.D.
May 27, 1919 (Address) Lowell Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Ridge Cem Lowell — DATE OF BURIAL May 28, 1919

20 UNDERTAKER Walter Perham — ADDRESS Chelmsford

[illegible] of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

205

Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 40
Township No. Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marie Blanche Boucher
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. No Chelmsford Mass St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 years 11 months days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 4, 1917

7 AGE	Years	Months	Days	If LESS than I day, hrs. or min.
	1	11	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) No. Chelmsford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Philias Boucher
11 BIRTHPLACE OF FATHER (city or town) St. Johnsbury
(State or country) Vt.
12 MAIDEN NAME OF MOTHER Delia Levasseur
13 BIRTHPLACE OF MOTHER (city or town) Lewiston
(State or country) Me

14 Informant Philias Boucher
(Address) No. Chelmsford

15 Filed May 29, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1919

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to May 27, 1919
that I last saw her alive on May 27, 1919.
and that death occurred, on the date stated above, at 1 P— m.
The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Involvent

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Fred A. Vaughn for O. F. E. Phillips, M.D.
(Address) May 28, 1919 No. Chelmsford Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Joseph's Cemetery Chelmsford Mass	May 29, 1919
20 UNDERTAKER Joseph Albert	ADDRESS Lowell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

206

Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 41
Township Lowell or Village Lowell Genl Hospital or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Miller

(a) Residence. No. 70 Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years 1 months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Miller

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Brookfield
(State or country) Vt.

PARENTS
10 NAME OF FATHER — Morse
11 BIRTHPLACE OF FATHER (city or town) Brookfield
(State or country) Vt
12 MAIDEN NAME OF MOTHER Orvilla Walker
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mass

14 Informant Husband
(Address) 70 Chelmsford

15 Filed June 6, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1919

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1919, to May 30, 1919.
that I last saw h[illegible] alive on May 30, 1919.
and that death occurred, on the date stated above, at 10 - a m.

The CAUSE OF DEATH* was as follows:
Cancer of Liver Lung
& Mesentery
(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis?
5/31, 1919 (Signed) Thomas Forsley Jr., M.D.
(Address) Lowell Genl Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Woodlawn Cem, Clinton Mass	June 2 1919
20 UNDERTAKER	ADDRESS
H S. Brown	Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Precise statement of occupa-

each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is neeessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Assoeiation.)

Cases for the Medical Examiners. — Under the provisions of Chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medieal Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under eircumstanees unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 10,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

207

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH County Middlesex State Mass Registered No. 42

City or Town Chelmsford No. High St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence E. Stevens

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 years mooths days. How long io U. S., if of foreigo birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia M. Stevens

6 DATE OF BIRTH: July 29 (Month) (Day) 1861 (Year)

7 AGE 57 Years 10 Months Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (City) Blue Hill
(State or country) Maine

PARENTS

10 NAME OF FATHER: Theodore Stevens

11 BIRTHPLACE OF FATHER (City):
(State or country) Maine

12 MAIDEN NAME OF MOTHER: Sarah Hawkley

13 BIRTHPLACE OF MOTHER (City):
(State or country) Maine

14 Informant: Georgia Stevens
(Address) Chelmsford

15 Filed June 3 (Month) (Day) 1919 (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2nd (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 12th, 1919, to June 2, 1919

that I last saw him alive on June 2, 1919,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Asthenic Bulbo-Spinal Paralysis.

About 5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Amasa Howard, M.D.

(Address) Chelmsford, Mass.

Date June (Month) 3rd (Day), 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Edson (Cemetery) Lowell (City or town)

DATE OF BURIAL: June 4 1919

20 UNDERTAKER: James O'Blake

ADDRESS: Lowell

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or traosit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issne of burial or transit permit June 3, 1919

...ED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

208

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 43
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Mary F. Hillwell
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? 47 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Wm Hillwell

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS
10 NAME OF FATHER Wm Gilliam
11 BIRTHPLACE OF FATHER (city or town) England
(State or country)
12 MAIDEN NAME OF MOTHER Mary Curtis
13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Harry Willam
(Address) Chelmsford Mass

15 Filed June 6, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4th 1919

17 I HEREBY CERTIFY, That I attended deceased from June 2, 19 19, to June 4, 19 19.
that I last saw h~~er~~ alive on June 4, 19 19.
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:
Heat Prostration
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Chronic Cystitis
(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? x
Did an operation precede death? no Date of x
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Amasa Howard, M.D.
Jun 5 19 19 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Edson Cemetery Lowell	June 6 1919
20 UNDERTAKER	ADDRESS
F H Rogers	445 Gorham St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[... and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No. 44 209
~~City or~~ Town Chelmsford No. Chelmsford St. n. Monahan St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Luther Sanford
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford n. Monahan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 years ✓ months ✓ days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elmira E. Sanford.

6 DATE OF BIRTH: Oct. - 21 - 1848 (Month) (Day) (Year)

7 AGE 70 Years 7 Months 14 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9 BIRTHPLACE (City) Liberty (State or country) Maine

PARENTS

10 NAME OF FATHER: Henry Sanford
11 BIRTHPLACE OF FATHER (City): Cannot be learned. (State or country): Cannot be learned.
12 MAIDEN NAME OF MOTHER: Cannot be learned
13 BIRTHPLACE OF MOTHER (City): Cannot be learned. (State or country): Cannot be learned

14 Informant: David Ingham
(Address) Chelmsford n. Monahan St

15 Filed June 6, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 4. (Day) 1919. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1913, to June, 1919
that I last saw h[illegible] alive on June 4th, 1919,
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH was as follows:
Arteria - Sclerosis

(duration) 10 yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E.A. Robertson, M.D.
(Address) 795 Central St
Date June (Month) (Day) Lowell 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Edson (Cemetery) Lowell. (City or town)
DATE OF BURIAL June 6 1919

20 UNDERTAKER: George W. Healey.
ADDRESS 79 Branch St

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit June 6, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Form R-305

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 881 (Place of death) Registered No. 45 (Place of residence)
City or Town Lowell No. St. Johns Hosp. St., 9 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alphonse Laliine
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. ..... St., ... Ward. No. Chelmsford, Mass
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months 2 hrs. days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Cannot be learned

6 DATE OF BIRTH April (Month) 15 (Day), 1863 (Year)

7 AGE 56 Years 1 Months 21 Days
If STILLBORN, enter that fact here
If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work Teamster
(h) Geoeral nature of industry, business, or establishment in which employed (or employer) Lumber
(c) Name of employer Wm. Proctor Co.

9 BIRTHPLACE (City) Nashua
(State or country) N.H.

PARENTS

10 NAME OF FATHER Joseph
11 BIRTHPLACE OF FATHER (City) .....
(State or country) Canada
12 MAIDEN NAME OF MOTHER Philomene Boulg
13 BIRTHPLACE OF MOTHER (City) .....
(State or country) Canada

14
Informant Victor Laliine
(Address) 29 Sarah Ave, Lowell

15
Filed June 7, 1919 [illegible] Registrar of city or town where death occurred
Filed June 7, 1919 Edward J. Robbins
(Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 5 (Day), 1919 (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Sunstroke, Collapsed in wagon on street.

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? .....

(Signed) Thomas B. Smith M.D.
(Address) 167 Merrimack St.
Medical Examiner for 5th Dist, Middlesex Co.
Date June (Month) 6 (Day) 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph Chelmsford.
DATE OF BURIAL June 7, 1919. (Month) (Day) (Year)

20 UNDERTAKER A. Archambault
ADDRESS Lowell.

21 Burial permit issued by Edward J. Robbins
Official position Town Clerk

22 Date of issue June 7, 1919

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

9-'18. 10,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known otherwise a description of such person as full as may be, with **the cause and manner of his death**, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

FORM R-301

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 43446
City or Town Chelmsford No. Putnam Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Levi Boothby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Charlotte S. Boothby

6 DATE OF BIRTH Apr 19 1846
(Month) (Day) (Year)

7 AGE 73 Years 1 Months 19 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Saco
(State or country) Maine

PARENTS

10 NAME OF FATHER Joel Boothby

11 BIRTHPLACE OF FATHER (City)
(State or country) Maine

12 MAIDEN NAME OF MOTHER Eliza Patterson

13 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

14 Informant Ira M. Boothby
(Address) Chelmsford Centre

15 Filed June 7 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 (Month) 7 (Day), 1919. (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 1919, to 6-6-, 1919
that I last saw h.im alive on 6-6-, 1919,
and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH was as follows:
Left Hemipligia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm T. Scobora M.D.
(Address) Chelmsford Mass.
Date 6 (Month) 7 (Day), 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Edson (Cemetery) Lowell (City or town)

DATE OF BURIAL June 9 1919

20 UNDERTAKER Young & Blake

ADDRESS Lowell.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit June 7, 1919

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

...NITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts

CITY OF SPRINGFIELD.

CERTIFICATE OF DEATH OF NON-RESIDENT

(City or town)

1 PLACE OF DEATH — Registered No. ____ (Place of death)

County Hampden State Mass. Registered No. 1/7 (Place of residence)

City or Town Springfield No. 20 Lenox street St. 7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence S. Hartshorn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State ____ City or Town Chelmsford Centre No. ____ St.

(Usual place of abode)

Length of residence in city or town where death occurred years 4 months ____ days ____ How long in U. S., if of foreign birth? years ____ months ____ days ____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27 1873

7 AGE 45 Years 6 Months 16 Days — If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Buyer Department Store

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer A. G. Pollard Co.

9 BIRTHPLACE (city or town) Lowell,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Edward Hartshorn

11 BIRTHPLACE OF FATHER (city or town) New Ipswich
(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Ann E. Barker

13 BIRTHPLACE OF MOTHER (city or town) Lowell
(State or country) Mass. June

14 Informant Mrs. W. B. Morthrop,
(Address) 20 Lenox street

15 Filed Jun 20 1919
Registrar of city or town where death occurred

Filed July 3, 1919 Edward J. Roberts
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1919

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1919, to June 13, 1919, that I last saw her alive on June 12, 1919, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Acute Uremia

(duration) ____ yrs. ____ mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) James B. Comins M.D.

14 1919 (Address) 4 Chestnut Springfield Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lowell Cem. Lowell, Mass.	June 16 19

20 UNDERTAKER	ADDRESS
Cheney D. Washburn	Springfield Mass.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVI

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Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

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sions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford (City or town)

1 PLACE OF DEATH
County Mdsx State Mass Registered No. 48
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Ingram Balser
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Central St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shipfitter
(b) General nature of industry, business, or establishment in which employed (or employer) Grain Truck
(c) Name of employer J Cushing Co.

9 BIRTHPLACE (city or town) Mt Hadley Annapolis Co.
(State or country) Nova Scotia

PARENTS

10 NAME OF FATHER Aaron Balser
11 BIRTHPLACE OF FATHER (city or town) Mt Hadley
(State or country) N.S.
12 MAIDEN NAME OF MOTHER Sarah Armstrong
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Nova Scotia

14 Informant Mrs C J Balser
(Address) Chelmsford

15 Filed June 23, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1919

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1919, to June 20, 1919
that I last saw him alive on June 20th, 1919
and that death occurred, on the date stated above, at 7.30 P.m.
The CAUSE OF DEATH* was as follows:

Progressive Pernicious Anaemia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of X
Was there an autopsy? no
What test confirmed diagnosis? Blood Test.

6/23, 1919 (Signed) Amasa Howard, M.D.
(Address) Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Green Cem. Carlisle — DATE OF BURIAL: June 24 1919

20 UNDERTAKER: Arthur A. Marshall — ADDRESS: Kerrington

R.T.M.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

...ement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

FORM R-301

MARGIN RESERVED FOR BINDING

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 49
City or Town No. Chelmsford No. 4 Amherst St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edmond William Champagne
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Amherst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years 1 Months 13 Days
If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) No. Chelmsford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Alphonse Champagne
11 BIRTHPLACE OF FATHER (City) Trois Rivieres
(State or country) P. Q.
12 MAIDEN NAME OF MOTHER Delina Breneau
13 BIRTHPLACE OF MOTHER (City) Lowell
(State or country) Mass.

14 Informant Alphonse Champagne
(Address) No Chelmsford

15 Filed June 23 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1919, to June 21, 1919
that I last saw h alive on June 5, 1919,
and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank E. Phelps, M.D.
(Address) No Chelmsford Mass
Date 6 21 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St Joseph's Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL June 23 1919

20 UNDERTAKER J. Albert
ADDRESS 171 Aiken

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit June 23, 1919

10-'18. 100,000.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Pelton

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303

215

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No.
City or Town Chelmsford No. Groton Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas D. Farrow
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Groton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 years months days How long in U. S., if of foreign birth? 22 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Nov. (Month) 21 (Day), 1839 (Year)

7 AGE 79 Years 7 Months 11 Days | If LESS than 1 day, ... hrs. or ..... min.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... months

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Stone Mason
(c) Name of employer

9 BIRTHPLACE (City) St Johns
(State or country) New Brunswick

PARENTS

10 NAME OF FATHER Wm Farrow

11 BIRTHPLACE OF FATHER (City)
(State or country) England

12 MAIDEN NAME OF MOTHER Martha Morrison

13 BIRTHPLACE OF MOTHER (City)
(State or country) England

14 Informant Samuel T. Farrow
(Address) North Chelmsford

15 Filed July 4 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 2 (Day), 1919 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Probable Pulmonary Tuberculosis;
Sudden death with Pulmonary
Haemorrhage.

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) Thomas D. Smith, M.D.
(Address) 107 Merrimack Sq. Lowell.
Medical Examiner for 5th Dist. Middlesex Co.
Date July (Month) 3 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL
Pinehill (Cemetery) No Chelmsford (City or town)

DATE OF BURIAL July 4 1919 (Month) (Day) (Year)

20 UNDERTAKER William H. Saunders

ADDRESS Lowell, Mass.

21 Burial permit issued by Edward J. Robbins Official position Town Clerk

22 Date of issue July 4, 1919 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

216

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 51
City or Town No. Chelsmford No. West Chelmsford Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Liebedzinski
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. West Chelsmford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 5 months days. How long in U. S., if of foreign birth? years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Jan. (Month) 14, (Day) 1919 (Year)

7 AGE Years 6 Months 16 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) No. Chelmsford
(State or country)

PARENTS

10 NAME OF FATHER Michael Liebedzinski

11 BIRTHPLACE OF FATHER (City)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Saloka

13 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

14 Informant Michael Liebedzinski
(Address) No. Chelmsford Mass

15 Filed July 2, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 2. (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1919, to July 1st, 1919,
that I last saw h— alive on July 2, 1919,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Marasmus
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Malnutrition
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Frank E. Phelps, M.D.
(Address) No. Chelmsford
Date July (Month) 2 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick's (Cemetery) Lowell (City or town)

DATE OF BURIAL July 3, 1919

20 UNDERTAKER John L. McDonough

ADDRESS 176 Gorham Lowell

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit July 2, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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Chelmsford
(City or town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mdsex State Mass Registered No. 52
Township Chelmsford or Village or
City No., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Ann Greene
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Locust Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Alonzo B. Greene

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ah home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Foxboro mass.
(State or country)

PARENTS
10 NAME OF FATHER Benj. F Hodges
11 BIRTHPLACE OF FATHER (city or town) Sharon Mass
(State or country)
12 MAIDEN NAME OF MOTHER Julia A Bassanee
13 BIRTHPLACE OF MOTHER (city or town) Foxboro
(State or country) mass.

14 Informant H. C. Greene
(Address) Chelmsford

15 Filed July 13, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1919

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1919, to July 10, 1919
that I last saw h alive on July 10, 1919.
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia
Primary
(duration) yrs. mos. 10 ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of X
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Amasa Howard, M.D.
July 17, 1919 (Address) Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Forefathers Cem
DATE OF BURIAL July 13 1919
20 UNDERTAKER Walter Pesham
ADDRESS Chelmsford.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH County Middlesex State Mass Registered No. 53

City or Town Chelmsford No. Dunstable Rd St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Gallardetz
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Dunstable Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jean B.

6 DATE OF BIRTH Sept (Month) 10 (Day) ~~1833~~ (Year)

7 AGE 45 Years 10 Months Days

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation ..... mos.

If LESS than 1 day, ... brs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Canada
(State or country)

PARENTS

10 NAME OF FATHER Anasthase Boudreau

11 BIRTHPLACE OF FATHER (City)
(State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Renee

13 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

14 Informant Albert Gallardetz
(Address) Dunstable Rd

15 Filed July 8, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 6 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to July 6, 1919, that I last saw h— alive on July 6, 1919, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E Warner, M.D.

(Address) East Chelmsford

Date July (Month) 7 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph (Cemetery) East Chelmsford (City or town)

DATE OF BURIAL July 9 1919

20 UNDERTAKER E. Cushman Sault & Son

ADDRESS 738 Nik St.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit July 8, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[... Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Form R-305

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

9-18. 10,000.

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 1005 (Place of death) Registered No. 34 (Place of residence)
City or Town Lowell, No. St. Johns Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Olesson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Riverneck Rd. St., Ward. Chelmsford Mass.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years 3 months days How long in U. S., if of foreign birth? 3 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Cannot be learned (Month) (Day) (Year)

7 AGE Years 57 Months — Days — If LESS than 1 day, ... hrs. or ..... min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmhand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carl Strandberg

9 BIRTHPLACE (City) (State or country) Sweden

PARENTS

10 NAME OF FATHER Olaf Olesson

11 BIRTHPLACE OF FATHER (City) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Christina Anderson

13 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

14 Informant Carl A. Strandberg
(Address) Chelmsford Mass

15 Filed July 11, 1919 Thos. Flynn
Registrar of city or town where death occurred
Filed July 30 1919 Edward J. Robbins
(Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Punctured Wound of Neck with Laceration of Left Superior Thyreoid Artery. Accidental Fall on Pitchfork while getting hay in barn left to feed horse.

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? Riverneck Rd., Chelmsford.

(Signed) Thos. B. Smith, M.D.

(Address) 102 Merrimack St. Lowell.

Medical Examiner for 5th District, Middlesex Co.

Date July 10 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL (Month) (Day) (Year)
Westlawn Lowell	July 11, 1919.
20 UNDERTAKER	**ADDRESS**
W. H. Saunders	Lowell

21 Burial permit issued by

Official position

22 Date of issue

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

FORM R-301

MARGIN RESERVED FOR BINDING

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10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 53
City or Town Chelmsford No. Russell Mill Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine A. Mayor
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Russell Mill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? 30 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Oct. (Month) (Day) (Year)

7 AGE 77 Years 9 Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cloth Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Woolen mill
(c) Name of employer Sterling Mills

9 BIRTHPLACE (City) (State or country) Sweden

PARENTS

10 NAME OF FATHER Mayor
11 BIRTHPLACE OF FATHER (City) (State or country) Canada
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (City) (State or country) " "

14 Informant Henry Pearson
(Address) Chelmsford, Mass

15 Filed July 27 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from about 1865 to July 25, 1919
that I last saw h alive on July 25, 1919
and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH was as follows:

Arteriosclerosis,

(duration) 4 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam
(Signed) T. J. Walsh, M.D.
(Address) 40 Lindallen
Date July 25 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Pinedale (Cemetery) Chelmsford (City or town)

DATE OF BURIAL July 27 1919

20 UNDERTAKER W. M. H. Saunders
ADDRESS 21 Westford

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit July 21, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

221

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Registered No. 56

1 PLACE OF DEATH
County Middlesex State Massachusetts
City or Town E. Chelmsford No. River neck Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kelly
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. River neck Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH July (Month) 27 (Day) 1919 (Year)

7 AGE Years X Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, 9 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) E. Chelmsford
(State or country) Massachusetts

PARENTS

10 NAME OF FATHER Fred Kelly
11 BIRTHPLACE OF FATHER (City) Lowell
(State or country) Massachusetts
12 MAIDEN NAME OF MOTHER Mary McGilliam
13 BIRTHPLACE OF MOTHER (City) E. Chelmsford
(State or country) Massachusetts

14 Informant Fred Kelly
(Address) 54 Russman St Lowell

15 Filed July 28 1919 Edward J Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 28 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1919, to July 28, 1919
that I last saw him alive on July 28, 1919,
and that death occurred, on the date stated above, at 7 a. m.
The CAUSE OF DEATH was as follows:

Congenital Spina Bifida

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Amasa S Howard, M.D.
(Address) Chelmsford Mass.
Date July (Month) 28 (Day), 1919 (Year).

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Patricks (Cemetery) Lowell (City or town)

DATE OF BURIAL July 29 1919

20 UNDERTAKER Geo. B. McKenna

ADDRESS 566 Gorham

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit July 28, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. C[illegible]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

222

Chelmsford
(City or Town)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mdsx State Mass. Registered No. 57
Township Chelmsford or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Peasley Ingalls
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 5 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country)

PARENTS

10 NAME OF FATHER George H. Ingalls
11 BIRTHPLACE OF FATHER (city or town) Tyngsboro
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Agnes Peasley
13 BIRTHPLACE OF MOTHER (city or town) No Sandwich
(State or country) N. H.

14 Informant Geo H. Ingalls
(Address) Chelmsford

15 Filed July 29, 1919 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1919

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1919, to July 29, 1919.
that I last saw him alive on July, 1919.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Inanition -

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Arthur G. Scoboria, M.D.
7-31 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pine Ridge Cem.	July 29 1919
20 UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—The ... of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.— Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

FORM R-303

223

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 58
City or Town Chelmsford No. Westford Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Perham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Court St., Ward, Arlington, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH June (Month) 25 (Day), 1877 (Year)

7 AGE 42 Years 0 Months 25 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... months
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railway Mail Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U.S. Postal Dept.

9 BIRTHPLACE (City) Chelmsford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Henry S. Perham
11 BIRTHPLACE OF FATHER (City) Chelmsford
(State or country)
12 MAIDEN NAME OF MOTHER Estelle S. Kittredge
13 BIRTHPLACE OF MOTHER (City) Chelmsford
(State or country)

14 Informant W. Perham
(Address) Chelmsford

15 Filed July 22, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 20 (Day), 1919 (Year)
Found dead

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Victim shot wound of head, Suicide
by Melancholia

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) Thomas F. Smith, M.D.
(Address) 107 Merrimack St. Lowell
Medical Examiner for 7th Dist. Middlesex Co.
Date July (Month) 20 (Day), 1919 (Year).

19 PLACE OF BURIAL, CREMATION, or REMOVAL — DATE OF BURIAL
Fort Fathers (Cemetery) Chelmsford (City or town) — July 23 1919 (Month) (Day) (Year)

20 UNDERTAKER — ADDRESS
John A Werbeck — Lowell

21 Burial permit issued by Edward J. Robbins Official position Town Clerk 22 Date of issue July 22 1919 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Form R-305

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County MIDDLESEX State MASS. Registered No. 308 (Place of death) Registered No. (Place of residence)

City or Town Newton No. Newton Hospital St., 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laurie A. Dunn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. --- St., — Ward. North Chelmsford, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — years — months 1 days How long in U. S., if of foreign birth? 10 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH March 22, 1889 (Month) (Day) (Year)

7 AGE 30 Years 4 Months 14 Days If LESS than 1 day, ...hrs. or ....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Power construction Co.
(c) Name of employer --

9 BIRTHPLACE (City) Port Howe,
(State or country) Nova Scotia

PARENTS

10 NAME OF FATHER John M. Dunn

11 BIRTHPLACE OF FATHER (City) --
(State or country) Prince Edward Island

12 MAIDEN NAME OF MOTHER Ada B. Peppard

13 BIRTHPLACE OF MOTHER (City) Londonderry,
(State or country) N.S.

14 Informant Mrs. Maggie E. Yeoman
(Address) No. Chelmsford, Mass.

15 Filed Aug. 11, 1919 Francis M. Grant
Registrar of city or town where death occurred

Filed Dec. 30, 1919 Edward J. Robbins
(Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 5, 1919 (Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Compound fracture of leg
Traumatic shock
R. R. Accident

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? B&ARR between Newton & Newtonville

(Signed) George L. West, M.D.

(Address) Newton Centre, Mass.

Medical Examiner for 7th Middlesex Dist.

Date August 5, 1919 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Port Philip, N.S.

DATE OF BURIAL Aug. 10, 1919 (Month) (Day) (Year)

20 UNDERTAKER Francis M. Wilson

ADDRESS Somerville

21 Burial permit issued by --

Official position --

22 Date of issue ----

10-18. 10,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19 150,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No.
City or Town Chelmsford No. Westford St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Paul Napoleon Isladu
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Westford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or towo where death occurred years mooths days. How loog in U. S., if of foreign birth? ycars mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alia Jassemin

6 DATE OF BIRTH Dec. (Month) (Day) 1866 (Year)

7 AGE 52 Years 8 Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestatioo ..... mos.
If LESS tban 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired farmer.
(b) Geoeral oature of iodustry, busioess, or establishment io which employed (or employer)
(c) Name of eoployer

9 BIRTHPLACE (City) Marieville P.Q.
(State or country)

PARENTS

10 NAME OF FATHER Alexis Isladu
11 BIRTHPLACE OF FATHER (City) (State or country) Canada
12 MAIDEN NAME OF MOTHER Medrise Doré
13 BIRTHPLACE OF MOTHER (City) (State or country) Canada

14 Informant Mrs. Paul Isladu
(Address) Chelmsford

15 Filed Aug 8, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 7, 1919.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 31, 19 19, to Aug 7, 19 19,
that I last saw h.. alive on Aug 6, 19 19,
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH was as follows:
Cerebral hemorrhage

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) D.S. Bellehumeur, M.D.
(Address) 813 Merrimack
Date Aug. 7, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph's Chelmsford
(Cemetery) (City or town)
DATE OF BURIAL Aug 9 1919.

20 UNDERTAKER J. Albert
ADDRESS 171 Aiken

21 I HEREBY CERTIFY that a satisfactory staodard certificate of death was filed with me BEFORE the burial or transit permit was issoed Edward J. Robbins Official position Town Clerk Date of issoe of permit Aug 9, 1919 Permit No.

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
Township Chelmsford or Village or
City No. Billerica St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes L. Ingalls
(a) Residence. No. Chelmsford Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George H. Ingalls

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Sandwich
(State or country) N. H.

PARENTS

10 NAME OF FATHER John Pearlee
11 BIRTHPLACE OF FATHER (city or town) North Sandwich
(State or country) N. H.
12 MAIDEN NAME OF MOTHER Ellen Morrison
13 BIRTHPLACE OF MOTHER (city or town) Andover
(State or country) Mass

14 Informant George H. Ingalls
(Address) Chelmsford Mass

15 Filed Aug 9, 1919 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7, 1919.

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1919, to Aug. 7, 1919.
that I last saw her alive on Aug 7, 1919.
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Slough. Fibroid Tumor of Uterus,
following Caesarean Section.
Phlebitis of left leg. Pyelitis -
Myocardial Degeneration.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nine weeks.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Caesarean Section Date of June 5, 1919.
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Arthur T. Scoboria, M.D.
Aug 8. 1919 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Ridge
DATE OF BURIAL Aug 9 1919
20 UNDERTAKER Walter Perham
ADDRESS Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

226

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. [illegible]
City or Town Chelmsford No. Acton St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clorinda H. Parkhurst.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Acton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Parkhurst.

6 DATE OF BIRTH Feb. (Month) 24 (Day) 1833 (Year)

7 AGE 86 Years 5 Months 17 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Chelmsford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Asa Hodgman
11 BIRTHPLACE OF FATHER (City)
(State or country) Massachusetts
12 MAIDEN NAME OF MOTHER Sarah Spaulding
13 BIRTHPLACE OF MOTHER (City)
(State or country) Mass

14 Informant Mrs. Herbert Parkhurst
(Address) Chelmsford Mass

15 Filed Aug 13, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 11 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan., 19 19, to Aug. 11, 19 19, that I last saw h. alive on July 28, 19 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:
Arteriosclerosis —
Senility —
General
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur T. Scoboria, M.D.,
(Address) Chelmsford, Mass.
Date Aug. 11 (Month) (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Pine Hill Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL Aug. 13 19 19

20 UNDERTAKER William H. Saunders

ADDRESS Lowell. Mass.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Aug 13, 19

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

227

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1919
85
1834

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
~~City or~~ Town Chelmsford No. Chelmsford St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles E. Adams.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 years ✓ months ✓ days. How long in U. S., if of foreign birth? years months days

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Vivian Brown

6 DATE OF BIRTH April (Month) 15. (Day) 1834. (Year)

7 AGE 85 Years 4 Months 3 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of otcrogestatioo ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

9 BIRTHPLACE (City) Carlisle.
(State or country) Mass.

PARENTS

10 NAME OF FATHER Benjamin S. Adams.
11 BIRTHPLACE OF FATHER (City) Carlisle.
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Abi Heald.
13 BIRTHPLACE OF MOTHER (City) Carlisle.
(State or country) Mass.

14
Informant Mrs. Catherine M. Smith.
(Address) Chelmsford Center, Mass.

15
Filed Aug 19 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. (Month) 18. (Day) 1919. (Year)

17
I HEREBY CERTIFY, That I attended deceased from
Aug. 6, 1919, to Aug. 18, 1919.
that I last saw him alive on Aug. 17, 1919.
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH was as follows:
Cerebral Embolism.

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? x
Did an operation precede death? No. Date of x
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Amasa Howard, M.D.
(Address) Chelmsford Mass.
Date Aug. (Month) 18 (Day), 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Greene, Carlisle, Mass.
(Cemetery) (City or town)
DATE OF BURIAL: Aug, 20, 1919.

20 UNDERTAKER: Geo. M. Healey,
ADDRESS: Lowell, Mass.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Aug. 19, 1919

10-'18. 100,000.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

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State cause for which surgical operation was undertaken.

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FORM R-301

MARGIN RESERVED FOR BINDING

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1-6-'19. 150,000.

228

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
City or Town Tewksbury No. 997 Princeton St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Hines
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 997 Princeton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Curran

6 DATE OF BIRTH: July 4 (Month) (Day) 1879 (Year)

7 AGE: 40 Years Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wood Mill
(b) General nature of industry, business, or establishment in which employed (or employer): In State House
(c) Name of employer: Silesia Mills

9 BIRTHPLACE (City) Lowell (State or country) Mass

PARENTS

10 NAME OF FATHER: Malachi Hines
11 BIRTHPLACE OF FATHER (City) Lowell (State or country) Mass
12 MAIDEN NAME OF MOTHER: Annie Quarters
13 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

14 Informant: Mary Curran Widow
(Address) 997 Princeton St

15 Filed Aug. 22, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Edward J. Robbins Official position Town Clerk Date of issue of permit Aug. 22 1919 Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 20 (Month) 1919 (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1919, to Aug 20, 1919, that I last saw h.. alive on Aug 20, 1919, and that death occurred, on the date stated above, at .. m.

The CAUSE OF DEATH was as follows:

Cerebral Concussion

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank E. Bullens, M.D.
(Address) Dr Chelmsford Mass
Date Aug 20 (Month) (Day) 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Patricks Lowell (Cemetery) (City or town)

DATE OF BURIAL: Aug 22 1919

20 UNDERTAKER: James F. O'Donnell & Sons

ADDRESS: Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U.S. Census and American Public Health Associat

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State cause for which surgical operation was undertaken.

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EXT[illegible]

[illegible] THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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FORM R-301

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1-6-'19. 150,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

229

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
City or Town Chelmsford No. Chelmsford Town Farm St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Lear
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford Town Farm St., Ward. Portland Maine
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? 40 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6 DATE OF BIRTH Mar. 28. 1832
(Month) (Day) (Year)

7 AGE 87 Years 4 Months 29 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (City) (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: Frederick Lear
11 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned
12 MAIDEN NAME OF MOTHER: Hannah "
13 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned " "

14 Informant: Wm H. Lear
(Address): Boston Mass.

15 Filed Aug 27. 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins
Official position Town Clerk
Date of issue of permit Aug 27, 1919 Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 26. 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1919, to Aug. 26, 1919, that I last saw h.im alive on Aug. 24, 1919, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Senility

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur G. Scobora, M.D.
(Address) Chelmsford, Mass.
Date Aug 27 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest City (Cemetery) Portland (City or town)

DATE OF BURIAL: Aug 27 1919

20 UNDERTAKER: Wm H. Saunders

ADDRESS: Lowell Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senils," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

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STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 1673
City or Town No Chelmsford No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Douglass Haley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. No Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Aug 26 (Month) (Day) 1919 (Year)

7 AGE Years Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, 5 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) No Chelmsford
(State or country) Mass

PARENTS

10 NAME OF FATHER Harry Haley

11 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Hannah Briggs

13 BIRTHPLACE OF MOTHER (City)
(State or country) England

14
Informant Harry Haley
(Address) No Chelmsford

15
Filed Aug 27 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Aug 27 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 26 (Month) (Day) 1919 (Year)

17
I HEREBY CERTIFY, That I attended deceased from , 19 , to Aug 26 , 1919
that I last saw h m alive on Aug 26 , 1919 ,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH was as follows:

Pneumonia Delivery

5 months
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E Varney , M.D.
(Address) North Chelmsford
Date Aug 27 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Elmwood Methuen
(Cemetery) (City or town)

DATE OF BURIAL Aug 27 19

20 UNDERTAKER Young & Blake

ADDRESS Lowell

REVISED UNITED STATES STANDARD CERTIFIC.. OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

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10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Massachusetts Registered No.
City or Town Chelmsford No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Oscar Henry Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months 28 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH July 30 (Month) (Day) 1919 (Year)

7 AGE Years Months 28 Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) West Chelmsford Mass
(State or country)

PARENTS

10 NAME OF FATHER Oscar Johnson

11 BIRTHPLACE OF FATHER (City)
(State or country) Sweden

12 MAIDEN NAME OF MOTHER Amanda Starback

13 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

14 Informant Oscar Johnson
(Address) W. Chelmsford

15 Filed Aug 29 1919 Edward J. R Abbey
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 27 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1919, to Aug. 27, 1919
that I last saw him alive on Aug 26, 1919,
and that death occurred, on the date stated above, at 1.4, m.
The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E Varney, M.D.
(Address) North Chelmsford
Date Augst. 27 (Month) (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
West Chelmsford Cemetery
(Cemetery) (City or town)

DATE OF BURIAL Aug 29 1919

20 UNDERTAKER David L Greig & Son

ADDRESS Westford

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. R Abbey Official position Town Clerk

22 Date of issue of burial or transit permit Aug 29, 1919 Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by the Bureau of the Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

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Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19. 150,000.

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The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass. Registered No.
City or Town Ho Chelmsford No. Middlesex St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. McEnaney
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Middlesex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice McGrath.

6 DATE OF BIRTH July 29. 1858
(Month) (Day) (Year)

7 AGE 61 Years / Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uteregestation ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Card room
(c) Name of employer Hos. C. Moore Mill.

9 BIRTHPLACE (City) Ho Chelmsford.
(State or country)

PARENTS

10 NAME OF FATHER Peter McEnaney.

11 BIRTHPLACE OF FATHER (City) Ireland!
(State or country)

12 MAIDEN NAME OF MOTHER Rose McEnaney

13 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

14 Informant Rose Marie McEnaney
(Address) Ho Chelmsford.

15 Filed Sept 1, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk Date of issue of permit Sept. 1, 1919 Permit No. —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 29. 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1919, to Aug 29, 1919
that I last saw him alive on Aug 29, 1919,
and that death occurred, on the date stated above, at 11.20 a m.
The CAUSE OF DEATH was as follows:

Chronic Valvular Disease of Heart

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Sullivan, M.D.
(Address) Ho Chelmsford
Date Aug (Month) 31 (Day), 1919 (Year).

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patricks Lowell.
(Cemetery) (City or town)

DATE OF BURIAL Sept 1 1919

20 UNDERTAKER Leo C. Molloy

ADDRESS Lowell.

REVISED UNITED STATES STANDARD CERTIFICATE

(Approved by the U. S. Census Bureau)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

HEALTH OF MASS.

GOVERNING THE

CERTIFICATE

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 68
~~City or~~ Town Chelmsford No. Hall Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Blanche H. Fleming.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Hall Road. Chelmsford, Ward.
(Usual place of abode) (If non-resident give city or town and State)

Leogth of resideoce in city or town where death occurred ✓ years 3 mooths ✓ days. How loog io U. S., if of foreigo birth? years mooths days

1918
33
1885

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.
4 COLOR OR RACE: White.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH: Sept. (Month) 13, (Day) 1885. (Year)

7 AGE 33 Years 11 Months 24 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestatioo ..... mos.
If LESS thao 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk.
(b) Genera; nature of iodustry, husioess, or establishment in which employed (or employer): Clerk.
(c) Name of employer

9 BIRTHPLACE (City) Lowell,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Joseph Fleming.
11 BIRTHPLACE OF FATHER (City) Clinton.
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Sarah Rutherford.
13 BIRTHPLACE OF MOTHER (City) Lowell.
(State or country) Mass.

14 Informant Joseph Fleming
(Address) 167 Agawam St. Lowell

15 Filed Sept. 8, 919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 6 (Day), 1919. (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1919, to Sept 6, 1919
that I last saw her alive on Sept. 2, 1919,
and that death occurred, on the date stated above, at 7 a. m.
The CAUSE OF DEATH was as follows:

Pulmonary and Laryngeal Tuberculosis -
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Sigoed) Arthur G. Scobosa, M.D.
(Address) Chelmsford, Mass.
Date Sept. (Month) 6 (Day), 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Edson (Cemetery) Lowell, Mass (City or town)
DATE OF BURIAL Sept. 8. 1919

20 UNDERTAKER Geo M. Healey
ADDRESS Lowell, Mass

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issoed Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Sept. 8, 919

10-'18. 100,000.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 69
City or Town No. Chelmsford No. Princton St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Rodie
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. PrinctonSt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? 35 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M.

6 DATE OF BIRTH (Month) (Day) 1855 (Year)

7 AGE 64 Years Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinesth
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Industry
(c) Name of employer

9 BIRTHPLACE (City) (State or country) Scotland

PARENTS

10 NAME OF FATHER Goerge Rodie

11 BIRTHPLACE OF FATHER (City) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Cannot Learned

13 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

14 Informant Mr s/ Annie M. Rodie
(Address) Princton St.

15 Filed Sept. 13 1919 Edward J. Robins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robins Official position Town Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 10 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1918, to Sept 10, 1919.
that I last saw him alive on Sept 2, 1919.
and that death occurred, on the date stated above, at 10.45 a.m.
The CAUSE OF DEATH was as follows:

Carcinoma of Base of Spine.
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cerebral Hemorrhage
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R. W. Parker, M.D.
(Address) Lowell Mass
Date Sept 11, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. patrick's Lowell
(Cemetery) (City or town)

DATE OF BURIAL Sept. 13 19

20 UNDERTAKER John L. Mcmonourh

ADDRESS 176 Gorham St Lowell

22 Date of issue of burial or transit permit Sept 13, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. ~~1223~~ 70
City or Town No Chelmsford No. # 1, Amherst St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wendell C. Moore
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. # 1 Amherst St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Oct 10 1900
(Month) (Day) (Year)

7 AGE 18 Years 11 Months — Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) No Chelmsford
(State or country) Mass.

PARENTS

10 NAME OF FATHER Edward Moore
11 BIRTHPLACE OF FATHER (City) Fredrickton N.B.
(State or country) N.B.
12 MAIDEN NAME OF MOTHER Mabel Clark
13 BIRTHPLACE OF MOTHER (City) Croton
(State or country) Vt

14
Informant Edward Moore
(Address) No Chelmsford Mass

15
Filed Sept. 12, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 10 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1919, to Sept 10, 1919.
that I last saw him alive on Sept 8, 1919.
and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH was as follows:

Tuberculosis (Pulmonary)
(duration) yrs. 5 mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R. W. Parker, M.D.
(Address) Lowell Mass.
Date Sept 11, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Westlawn (Cemetery) Lowell (City or town)

DATE OF BURIAL
Sept 12 1919

20 UNDERTAKER
Young & Plake

ADDRESS
Lowell

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Sept 12, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Form R-305

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 266 (Place of death) Registered No. 71 (Place of residence)
City or Town Lowell Lowell No. Cor. Top, St., 6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Mac Master
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. ..... St., ... Ward. Chelmsford Mass.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or towo where death occurred (Chelmsford.) years months days How long in U. S., if of foreign birth? years mooths days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian E.

6 DATE OF BIRTH Feb. 17 1875
(Month) (Day) (Year)

7 AGE 44 Years 6 Months 26 Days
If STILLBORN, enter that fact here
If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) St. Agnes
(State or country) Canada

PARENTS

10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (City) Canada
(State or country)
12 MAIDEN NAME OF MOTHER Mary Jane Miller
13 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

14 Informant Wife
(Address) Chelmsford Mass.

15 Filed Sept. 16 1919 Registrar of city or town where death occurred
Filed Sept 26 (Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 12 1919
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of Base of Skull
Accidentally struck by
automobile in road Jay

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? Chelmsford Mass

(Signed) Thos. B. Smith, M.D.
(Address) Lowell
Medical Examiner for 5th Dist. Middlesex
Date Sept. 15, 1919
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Ridge Cem, Chelmsford DATE OF BURIAL Sept 15 1919
(Month) (Day) (Year)

20 UNDERTAKER D. S. Brown ADDRESS Lowell

21 Burial permit issued by
Official position

22 Date of issue

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

9-18. 10,000.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with **the cause and manner of his death**, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

.....

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 72
Township ... or Village Lakeview or
City Lakeview No. ..., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willard A Delano Jr
(a) Residence. No. Lakeview St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years 6 months ... days. How long in U. S., if of foreign birth? years ... months ... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16th 1918

7 AGE — Years | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country) Mass

PARENTS
10 NAME OF FATHER Willard A Delano
11 BIRTHPLACE OF FATHER (city or town) Lynchburg
(State or country) Va
12 MAIDEN NAME OF MOTHER Catherine Boville
13 BIRTHPLACE OF MOTHER (city or town) Lowell
(State or country) Mass

14 Informant Willard A Delano
(Address) Lakeview

15 Filed Sept 15, 1919 Edward J Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1919

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1919, to Sept. 14, 1919.
that I last saw him alive on Sept. 13, 1919.
and that death occurred, on the date stated above, at 6.15 a.m.
The CAUSE OF DEATH* was as follows:
Gastro enteritis

(duration) ... yrs. 1/2 mos. ... ds.

CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Arthur G Scobria, M.D.
9-14, 1919 (Address) Chelmsford, Mass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — Eden — DATE OF BURIAL Dec 5 19

20 UNDERTAKER — A Monteith — ADDRESS Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 1-'18. 100,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10-'18. 100,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Registered No. 167373

1 PLACE OF DEATH
County Middlesex State Mass
City or Town So Chelmsford No. , St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie M. Buntel
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. So Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Sept (Month) 15 (Day) 1907 (Year)

7 AGE 12 Years 1 Months Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Tyngsboro
(State or country) Mass

PARENTS

10 NAME OF FATHER Alfred Buntel
11 BIRTHPLACE OF FATHER (City) England
(State or country)
12 MAIDEN NAME OF MOTHER Georgie Beaux
13 BIRTHPLACE OF MOTHER (City) Sherbrook
(State or country) P.Q.

14 Informant Alfred Buntel
(Address) So Chelmsford Mass

15 Filed Sept. 16 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. (Month) 16 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1919, to Sept. 16, 1919
that I last saw h alive on Sept. 16, 1919,
and that death occurred, on the date stated above, at 8-30 a. m.

The CAUSE OF DEATH was as follows:

Infantile Paralysis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E Warney, M.D.
(Address) North Chelmsford Mass
Date Sept. (Month) 16 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Riverside (Cemetery) So Chelmsford (City or town)

DATE OF BURIAL Sept 17 1919.

20 UNDERTAKER Young & Blake
ADDRESS 33 Prescott

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Edward J. Robbins Official position Town Clerk

22 Date of issue of burial or transit permit Sept. 16, 1919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 74
City or Town Chelmsford No. B&M RR St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Kane
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 15 Brooks St., Ward. Lowell, Mass.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Jan (Month) 29 (Day), 1905 (Year)

7 AGE 14 Years 7 Months 19 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of utero-gestation ..... months
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Operative
(b) General nature of industry, business, or establishment in which employed (or employer): Towel factory
(c) Name of employer: Lowell Textile Co

9 BIRTHPLACE (City) Lowell
(State or country) Mass

PARENTS

10 NAME OF FATHER Bernard Kane
11 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Elizabeth Butler
13 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

14 Informant Elizabeth Kane, Mother
(Address) 15 Brooks Street

15 Filed Sept. 20, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

21 Burial permit issued by Edward J. Robbins Official position Town Clerk 22 Date of issue Sept. 20 1919 Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 18 (Day), 1919 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Comminuted Fracture of the Skull, Compound Fracture of Leg, Fracture of Arm and Ribs; Accidentally Struck by railroad train at crossing.

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death? .....

(Signed) Thomas B Lunt, M.D.
(Address) 107 Merrimack St, Lowell
Medical Examiner for 5th Dist, Middlesex Co.
Date Sept (Month) 18 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL St Patricks Lowell (Cemetery) (City or town) DATE OF BURIAL Sept 21, 19 (Month) (Day) (Year)

20 UNDERTAKER James F O'Donnell & Son ADDRESS Lowell

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead**.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19. 150,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 75
City or Town North Chelmsford No. , Middlesex St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born (Parks)
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Middlesex St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem.	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of --

6 DATE OF BIRTH Sept. (Month) 25 (Day) 1919 (Year)

7 AGE — Years — Months — Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work --
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) No. Chelmsford,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Ira Parks
11 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia
12 MAIDEN NAME OF MOTHER Grace Gervais
13 BIRTHPLACE OF MOTHER (City) Amesbury,
(State or country) Mass.

14
Informant Ira Parks
(Address) No. Chelmsford, Mass.

15
Filed Sept. 26, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. (Month) 25 (Day) 1919 (Year)

17
I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:

Still Born.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) James Sullivan, M.D.
(Address) No. Chelmsford.
Date Sept. (Month) 25 (Day), 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Joseph, E. Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL 9/27 1919

20 UNDERTAKER A. Archambault

ADDRESS Lowell.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk Date of issue of permit Sept. 26, 1919 Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer; Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19. 150,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 76
City or Town No. Chelmsford No. , Middlesex St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace Parks
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Middlesex St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEM.	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ira Parks

6 DATE OF BIRTH June (Month) 13, (Day) 1883 (Year)

7 AGE 36 Years 3 Months 12 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestatioo ..... mos.
If LESS than 1 day, ... hrs. or ..... mio.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House- Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (City) Amesbury,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Hilde Gervais

11 BIRTHPLACE OF FATHER (City) Canada
(State or country)

12 MAIDEN NAME OF MOTHER Delvina Poulin

13 BIRTHPLACE OF MOTHER (City) Canada
(State or conntry)

14 Informant Ira Parks
(Address) No. Chelmsford, Mass.

15 Filed Sept. 26 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 25 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 19 19, to Sept 25, 19 19.
that I last saw h[illegible] alive on Sept 25, 19 19
and that death occurred, on the date stated above, at 11.30 a. m.
The CAUSE OF DEATH was as follows:

Child-birth.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Heart Disease

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) [illegible], M.D.
(Address) No. Chelmsford
Date Sept (Month) 25 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Joseph E. Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL 9/27 1919

20 UNDERTAKER A. Archambault

ADDRESS Lowell

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk Date of issue of permit Sept. 26, 19 Permit No. .....

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts

Chelmsford (City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mdsx State Mass Registered No. 77
Township Chelmsford Village South Chelmsford or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Lewis Adams Co G 29th Maine Inf.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. South Chelmsford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 years / months / days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie A. Adams

6 DATE OF BIRTH (month, day, and year) Sep 19 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	0	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Stoneham
(State or country) Maine

PARENTS

10 NAME OF FATHER Wm Adams
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maine
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maine

14 Informant Mrs Chas. Adams
(Address) South Chelmsford

15 Filed Oct 5, 19 19 Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2 19 19

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 19 to Mar 4, 19 19,
that I last saw h[illegible] alive on March 4, 19 19.
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

a Myocarditis - and
Angina Pectoris -
.....
.....
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? .....
(Signed) Arthur G. Scobora, M.D.
10-4 19 19 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Harrison Cem Westford	Oct 5 19 19
20 UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

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The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lowell (City or town)

Registered No. 1 3 4 7 (Place of death)

Registered No. 78 (Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass

City or Town Lowell No. St. Johns Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alexander McDonald

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town No. Chelmsford No. Highland Ave. St.

(Usual place of abode)

Length of residence in city or town ~~where death occurred~~ 6 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE 13 Years Months Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lowell

(State or country) Mass.

PARENTS

10 NAME OF FATHER Cormack

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada

12 MAIDEN NAME OF MOTHER Ellen Cameron

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Father

(Address) No. Chelmsford

15 Filed Oct. 6, 19 17 Stephen Flynn (P.)

Registrar of city or town where death occurred

Filed Oct. 29, 19 17 Edward J. Robbins

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3, 19 17

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 19 17, to Oct. 3, 19 17,

that I last saw him alive on Oct. 3, 19 17,

and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Mitral Regurgitation

Cardio Renal Disease

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Broken Compensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. P. Lawler, M.D.

10-4 19 17 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick, Lowell.

DATE OF BURIAL Oct. 6 19 17.

20 UNDERTAKER P. H. Lawless

ADDRESS Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Recommended by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

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The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH County Middlesex State Mass. Registered No. 79

City or Town Chelmsford No. Sand pit, Stedman St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stephen Richards

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 71 Stapley St., Ward, Lowell, Mass.
(Usual place of abode) unable to learn (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH — (Month) — (Day) 1865 (Year)

7 AGE 54 Years Months Days

If STILLBORN, enter that fact here

If STILLBORN, state period of uterngestation ..... mooths

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Hector Clough

9 BIRTHPLACE (City)
(State or country): Maine

PARENTS

10 NAME OF FATHER: Unable to learn

11 BIRTHPLACE OF FATHER (City): " " "
(State or country): " " "

12 MAIDEN NAME OF MOTHER: " " "

13 BIRTHPLACE OF MOTHER (City): " " "
(State or country): " " "

14 Informant: Miss Lilla Brennan, friend
(Address) 169 Middlesex St.

15 Filed Oct 8 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 17 (Day), 1919 (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Asphyxia; accidentally buried in sand slide in sand pit.

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) Thomas R. Smith M.D.

(Address) 107 Merrimack St., Lowell

Medical Examiner for 5th Dist. Middlesex Co.

Date Oct (Month) 7 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL: Westlawn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL: Oct 9 1919
(Month) (Day) (Year)

20 UNDERTAKER: James F. O'Donnell & Son

ADDRESS: 324 Market St.

21 Burial permit issued by: Edward J. Robbins Official position: Town Clerk

22 Date of issue: Oct. 8, 1919 Permit No.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 1673
City or Town Chelmsford No. Westland St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine L. Boise
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew J. Boise

6 DATE OF BIRTH May 11 1837
(Month) (Day) (Year)

7 AGE 82 Years 5 Months 4 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestatioo ..... mos.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (City) Vermont
(State or country)

PARENTS

10 NAME OF FATHER: Pascal Hatch
11 BIRTHPLACE OF FATHER (City): (State or country) Vermont
12 MAIDEN NAME OF MOTHER: Manervie Hazen
13 BIRTHPLACE OF MOTHER (City): Vermont (State or country)

14 Informant: Andrew J. Boise
(Address) Chelmsford

15 Filed Oct. 6, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Edward J. Robbins Official position Town Clerk Date of issue of permit Oct. 6, 1919 Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4 — 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 19 18, to ....., 19 19,
that I last saw h er alive on Oct —, 19 19
and that death occurred, on the date stated above, at 10 A. m.
The CAUSE OF DEATH was as follows:

Hemiplegia Right -

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Allen G. Seaborn, M.D.
(Address) Chelmsford, Mass.
Date 10 — 5 — 1919.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Riverside to Chelmsford (Cemetery) (City or town)
DATE OF BURIAL: Oct 6 1919.

20 UNDERTAKER: W. Hayden Blake
ADDRESS: Lowell

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

1-6-'19. 150,000.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19. 150,000.

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass Registered No. 81
City or Town No Chelmsford No. 10, Dunstable Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest Pigard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Dunstable Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 3 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH April (Month) 21 (Day) 1918 (Year)

7 AGE 1 Years 5 Months 21 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mos.
If LESS than 1 day, ... brs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Nashua
(State or country) N. Hampshire.

PARENTS

10 NAME OF FATHER Oscar Pigard
11 BIRTHPLACE OF FATHER (City) St Pierre Montmigny
(State or country) Canada
12 MAIDEN NAME OF MOTHER Clara Gavoie
13 BIRTHPLACE OF MOTHER (City) Nashua
(State or country) N. H.

14
Informant Oscar Pigard
(Address) 10 Dunstable Rd.

15
Filed Oct. 12, 1919 (Month) (Day) (Year) Edward J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 12 (Day), 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1919, to Oct 11th, 1919, that I last saw him alive on Oct 11th, 1919, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH was as follows:

tuberculous
Meningitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank E Phillips, M.D.

(Address) North Chelmsford Mass

Date Oct (Month) 12 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St Joseph (Cemetery) Chelmsford (City or Town)

DATE OF BURIAL Oct 13 1919

20 UNDERTAKER Joseph Albert

ADDRESS 171 Aiken St

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk Date of issue of permit Oct. 13 1919 Permit No. .....

Dr. Phillipsfel

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

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RULES OF PRACTICE

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MARGIN RESERVED FOR BINDING

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The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lowell (City or town) — 247

1 PLACE OF DEATH — Registered No. ____ (Place of death)

County Middlesex State Mass — Registered No. 83 (Place of residence)

City or Town Lowell No. Lowell Gen. Hosp. St., ? Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Wray

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) State Mass. City or Town Chelmsford No. ____ St.

Length of residence in city or town where death occurred 30 years ____ months ____ days — How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1839

7 AGE — Years 80 — Months 8 — Days 29 — If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Stafford (State or country) Vt.

PARENTS

10 NAME OF FATHER Elmy

11 BIRTHPLACE OF FATHER (city or town) Sharon, (State or country) Vt.

12 MAIDEN NAME OF MOTHER Henriette Dadd

13 BIRTHPLACE OF MOTHER (city or town) Sharon, (State or country) Vt.

14 Informant Wife

(Address) Chelmsford

15 Filed Oct. 30, 1919 Stephen Flynn (P.) Registrar of city or town where death occurred

Filed Oct. 25, 1919 Edward J. Robbins Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20, 1919

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1919, to Oct. 20, 1919,

that I last saw him alive on Oct. 20, 1919,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Disease of Prostate Gland

Myocarditis; Sudden Heart Failure

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of Oct. 20, 1919.

Was there an autopsy? No.

What test confirmed diagnosis? ____

(Signed) Arthur G. Leporia M.D.

10-22-1919 (Address) Chelmsford, Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — Chelmsford, Mass. Riverside Cem.

DATE OF BURIAL Oct. 23 1919

20 UNDERTAKER Walter Perham

ADDRESS Chelmsford

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningcs, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis, tetanus*) may be stated under the head of "Contributory." (Recommendations of cause of death approved by Committee of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

Form R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

248

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Tewksbury (City or town)

1 PLACE OF DEATH — Registered No. 405 (Place of death)

County Middlesex State Massachusetts. Registered No. 82 (Place of residence)

City or Town Tewksbury No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Hanley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town No. Chelmsford. St.
(Usual place of abode)

Length of residence in city or town where death occurred 1 years 2 months 17 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not learned

6 DATE OF BIRTH (month, day, and year): Feb. 23, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
If STILLBORN, enter that fact here	43	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington, D. C.

PARENTS

10 NAME OF FATHER Peter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Bridget Scanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland 10

14 Informant: Hospital Records.
(Address)

15 Filed 10/18/, 19 19
Registrar of city or town where death occurred
Filed Nov. 10, 1919 Edward J. Robbins
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18, 1919

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1919, to Oct. 18, 1919, that I last saw her alive on Oct. 18, 1919, and that death occurred, on the date stated above, at 5:25P m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Chronic Endocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) Edna N. Synher-Kane, M.D.
10/18 1919 (Address) State Infirmary, Tewksbury

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Patrick's Cem. Lowell — DATE OF BURIAL: 10/23/19 19

20 UNDERTAKER: Farmer & Son — ADDRESS: Tewksbury

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 303. 6-'18. 50,000.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-6-'19. 150,000.

1919
1847
72

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

249

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 84
~~City or~~ Town East Chelmsford No. Manning Place St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte A. Bartlett.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Manning Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 years 8 months 5 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Erastus A. Bartlett.

6 DATE OF BIRTH Feb. (Month) 19 (Day) 1847. (Year)

7 AGE 72 Years 8 Months 5 Days
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation ..... mns.
If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.
(c) Name of employer

9 BIRTHPLACE (City) East Chelmsford.
(State or country) Mass.

PARENTS

10 NAME OF FATHER William Manning.
11 BIRTHPLACE OF FATHER (City) Billerica.
(State or country) Mass.
12 MAIDEN NAME OF MOTHER Mary A. Baldwin.
13 BIRTHPLACE OF MOTHER (City) Billerica.
(State or country) Mass.

14 Informant Erastus A. Bartlett.
(Address) East Chelmsford, Mass.

15 Filed Oct. 25, 1919 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. (Month) 24 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 14, to Oct. 24, 19 19,
that I last saw h er alive on Oct. 23, 19 19,
and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH was as follows:
Bronchiectasis
Myocardial Degeneration
(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? .....

(Signed) Arthur T. Scobora, M.D.
(Address) Chelmsford Mass.
Date Oct. (Month) 24 (Day) 1919. (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Fox Hill, Billerica, Mass.
(Cemetery) (City or town)

DATE OF BURIAL Oct. 26, 1919.

20 UNDERTAKER Geo. M. Healey.
ADDRESS Lowell, Mass.

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins Official position Town Clerk Date of issue of permit Oct. 25, 1919 Permit No. .....

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

250

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1-18-'19. 25,000.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 85

City or Town Chelmsford No. Groton Road Camp Pineola St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John R. Miller

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Groton Road, Camp Pineola St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Oct (Month) 13 (Day) 1835 (Year)

7 AGE 84 Years 0 Months 12 Days

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation ..... months

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City) Concord N.H.

(State or country)

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (City) Brunswick

(State or country) Maine

12 MAIDEN NAME OF MOTHER Sallie Emery

13 BIRTHPLACE OF MOTHER (City) East Concord

(State or country) N.H.

14 Informant Harry A. Miller

(Address) Haverhill mass

15 Filed Oct. 28, 1919 Edward J. Robbins

(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (found dead) Oct. 27, 1919

(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Chronic Heart Disease with secondary Nephritis, found dead.

(Found dead sitting in chair in room lived alone.)

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) Thomas R. Smith, M.D.

(Address) 107 Merrimack St. Lowell

Medical Examiner for 5th Dist. Middlesex Co

Date Oct (Month) 27 (Day), 1919 (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

Hart Pond Cem. So. Chelmsford

(Cemetery) (City or town)

DATE OF BURIAL Oct 28 1919

(Month) (Day) (Year)

20 UNDERTAKER Walter Perham

ADDRESS Chelmsford

21 Burial permit issued by Edward J. Robbins Official position Town Clerk 22 Date of issue Oct. 28, 1919 Permit No.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person, as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

251

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Mdsx State Mass Registered No. 86
Township Chelmsford or Village ; or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Stillborn) Morton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1919

7 AGE 0 Years | 0 Months | 0 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, professioo, or particular kind of work ✓
(b) Geoeral nature of iodustry, busioess, or establishment io which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Chelmsford
(State or country)

PARENTS

10 NAME OF FATHER George H. Morton
11 BIRTHPLACE OF FATHER (city or town)
(State or country) England
12 MAIDEN NAME OF MOTHER Rose Alexander
13 BIRTHPLACE OF MOTHER (city or town) Pelham
(State or country) N.H.

14 Informant G H Morton
(Address) Chelmsford

15 Filed Oct. 31, 19 19 Edward J. Robbins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 1919.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 19 19, to Oct. 30, 19 19.
that I last saw him alive on Oct. 30, 19 19.
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Premature birth
½ hour
(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no. Date of
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Arthur T. Scobora, M.D.
10-31 19 19 (Address) Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Pine Ridge Cem. Chelmsford
DATE OF BURIAL: Oct 31 1919

20 UNDERTAKER: W. Perkins
ADDRESS: Chelm

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide,* etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure,* etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism,* etc.
4. Deaths under circumstances unknown, as *A person found dead,* etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 10-'18. 5,000.

Adams Joseph E. 1
Adams Amos E 38
Alcorn Donald 49
Adams Ruth Nettie 84
Ayotte Arthur J. 92

Baker Nellie M. 11
Bisbee Herbert L. 24
Bliss Riney C. 27
Blodgett Fred J. 30
Buntel Thomas 33
Byam James S. 44
Bengston Mathilda 51
Belair Marie L. 53
Bean Jennie S. 57
Batchelder Ann M. 78
Burpee Arinda 81
Buntel Charles D. 82
Bradley Isaac L. 87
Blaisdell Clara A. 91
Boies Abbie J. 93
Byam Ida E. 101
Butler Clara S. 108
Bartlett Joel Adams 109
Bean Fred E. 122
Boies Andrew J. 126
Bullard Asbsch D. 139
Bridgeford Edna L 141
Baudette Elizabeth 159
Bradley Ellen G. 167

Crawford Marie B. B. 4
Colburn Alfred S. 16
Carr Mary H. 26
Capelle Cyrus S. 55
Cryan Hannah 61
Cummings Mary A. 80
Cudworth Cora R. 106
Clark Ernest E. 130
Creare Dorothy M. 134
Clarke ——— 135
Charles Asa G. 145
Cahey Martha 158
Champagne Eucharista 164
Carr Elizabeth H. 166
Dunigan Mary 14
Dufee Henry H. 18
Downe Maria J. B. 23
Dugas Octavie 31
Davis Annie J. 37
Dollard Elizabeth 59
Ducharme ——— 70
Daigle Mary 79
Drewett Louisa 88
Dutton Ruth B. 104
Doran Ellen 114
Durgin Geo. H. 115
Dunn James D. 147
Dickinson Ernest C. 150

Eno Henri ..63
Emerson Walter B. 76
Earle Charles 85
Emerson Henry H. .. 103
Fisette Marie 35
Flynn Edward 48
Fisk Lottie E. 75
Flynn Margaret M. 94
Flores ——— 118

Goodwin Susan E. 7
Green Rachel F. 113
Gervais Samuel 121
Gibson Mehitable S. 129
Gilman Frank 144
Grant Archibald 153
Gage Hiram L. 157
Harrington Anna 36
Haley Bridget 42
Harmon Les. A. 66
Howard Amara 98
Hamlin Mary B. 123
Harrison J. Lucy 136
Hubbard Emma E. 148
Henderson Arline A. 157
Huntoon Bernice E. 256
Hunter ——— 168

Ivers John Jr 25
Iveson Percy A. 99

Johnson Nina A. 3
Johnston James B. 68
Johnson Addie P. 146

Kortechko Alexander 83
Kortechka —— 124

Lakin —— 54
Lowe Patrick Jr. ... 102
Lathrop Henry Jr. 105
Lakin —— 133
Le Marinel John Sr. 142

Michalowski Josephine 2
McMahon Michael 15
McGrath Aaron F. 20
Meagher Mary A. 40
Malone John J. 45
Muckin Martha 58
McQuade ——— 90
McGuinness Wm 112
Maxwell John N. 116
McNulty Alice R. 132
MacElroy Mary A. 137
McCaffrey John F. 149
Macrae Annie E. 155
Merrill Elizabeth S. 160
Norton Jessie B. 32
Nelson Agnes J 43
Nilsson Eliza J. 50
Nizielar Joseph 74
Nelson Artemus N. 119

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W

Pickhuf Jane D. 22
Pratt Mary 29
Parkhurst Victor L. 39
Parsson Edward 65
Peterson —— 67
Parker Edwin W. 96
Prescott Sarah H. 100
Parkhurst Nettie B. 138
Penniman Rhoda 154
Page Mabel E. 161

Quatters Williams 162

Reid James 9
Ryan Mary 41
Riney Annie F 73
Reed Otis H. 127
Reedy Ruth D. 131
Ready Patrick J. 151

Small D. Frank 5
Stone Joseph A. F. 6
Stearns James F. 8
Sargent Sophia R 10
Silva Agnes 17
Stone Mary Ellen 21
Smalley Ruth E 28
Stevens Charlotte A. 56
Smith Robert F. 62
Smith George H. 77
Spalding Minot G. 86
Saunders Elizabeth S. 89
Scollan Owen A. 95
Stearns Sarah E. 107
Swenson August L. 110
Silva Anna 120
Sirois Mary 125
St Onge Agnes 128
Stevens Sidney N. 140
Sargent Sarah O. 143
Smith Grace N. 165
Sirimbas Antonios 34
Consignant Lillian 64
Trubey James F. 69
Trefts Samuel A. 97
Titterington Elizabeth 163

Verge Hubert 2

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Wardwell Helen H. B. 12
Whidden Albert S. 13
Wikander Gustaf 19
Wheeler Nettie F. 47
Wright Helen P. 52
Wrigley John B. Jr 60
Whidden George W. 72
Wardwell Lucy A. 111
Wentworth Susan A. 117